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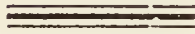


ANNUAL REPORT

OF THE
MEDICAL OFFICER OF HEALTH
FOR THE YEAR 1950



CITY OF PLYMOUTH



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OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR 1950





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The following members of the City Council and co-opted members served on the undermentioned Committees during the year :

HEALTH COMMITTEE

Chairman : Councillor P. N. Washbourn.

Vice-Chairman : Alderman G. J. Wingett.

Alderman (Mrs.) C. H. Daymond.

Councillors (Mrs.) E. Broad, Dr. M. E. Gordon, (Mrs.) D. F. W. Innes, I. C. Lowe, Dr. G. H. Miles, (Mrs.) L. Newbery, C. S. C. Prance, L. J. L. Russell, W. J. Wilks.

Two members from the Local Medical Committee : Dr. N. Goodbody, Dr. J. N. Morris.

AMBULANCE SUB-COMMITTEE

Chairman : H. L. Spear, Esq.

Vice-Chairman : Councillor P. N. Washbourn.

Aldermen (Mrs.) C. H. Daymond, G. J. Wingett.

Councillors Dr. M. E. Gordon, Dr. G. H. Miles, L. J. L. Russell. Mr. C. S. C. Prance, representing the St. John Ambulance Brigade. Mrs. H. Vellacott, Rev. Hilliard, Mr. F. Warren, representing the Plymouth and District Ambulance Service Committee.

MENTAL HEALTH SUB-COMMITTEE

Chairman : Councillor P. N. Washbourn.

Vice-Chairman : Alderman G. J. Wingett.

Alderman (Mrs.) C. H. Daymond.

Councillors Dr. M. E. Gordon, I. C. Lowe, Dr. G. H. Miles, and L. J. L. Russell.

EDUCATION COMMITTEE

Chairman : Alderman H. G. Mason.

Vice-Chairman : Councillor L. F. Paul.

Aldermen (Mrs.) C. H. Daymond, L. G. Hicks, H. J. Perry, S. C. Potter and H. S. Sangwell.

Councillors G. N. Bradley, (Mrs.) P. Colmer, G. R. Delaforce, F. J. Flawn, A. A. H. Hampton, W. H. Hobbs, N. W. Lamb, (Miss) K. Pryor, G. P. Ross, T. H. L. Stanbury, F. J. Stott, L. Trebilcock, and P. N. Washbourn.

Ten members not of the Council : Mr. P. G. Bull, Rev. Canon N. Clarke, Mr. F. C. Collier, Rev. W. F. Grey, Mrs. M. Jolly, Miss E. M. Leigh, Mr. F. M. Ryall, Mr. H. G. Taylor, Mrs. F. Clements, Rev. J. Twohig.

SPECIAL SERVICES SUB-COMMITTEE

(EDUCATION COMMITTEE)

Chairman : Alderman F. T. Hicks.

Aldermen (Mrs.) C. H. Daymond, H. G. Mason, S. C. Potter, H. S. Sangwell.

Councillors G. R. Delaforce, A. A. H. Hampton, W. H. Hobbs, F. J. Stott.

Miss E. M. Leigh, Rev. W. F. Grey, Rev. J. Twohig, Mrs. M. Jolly, Mr. F. C. Collier, Mrs. F. Clements.

HEALTH OFFICERS OF THE AUTHORITY

MEDICAL

- T. Peirson, M.D., M.R.C.S., L.R.C.P., D.P.H., Medical Officer of Health ; Port Medical Officer ; School Medical Officer.
- G. B. Carter, M.D., D.P.H., Deputy Medical Officer of Health ; Deputy Port Medical Officer.
- T. H. Harrison, M.B., L.M.S.S.A., D.P.H., Senior School Medical Officer.
- H. T. Chatfield, M.C., M.B., D.P.H., Clinical Tuberculosis Officer. (In conjunction with the Regional Hospital Board.)
- R. St. J. Harold, L.R.C.P. and S.I., D.P.H., Assistant Clinical Tuberculosis Officer. (In conjunction with the Regional Hospital Board.)
- Marion Smellie, M.A., M.B., Ch.B., D.P.H., Senior Maternity and Child Welfare Medical Officer.
- N. R. Matheson, M.B., CH.B., C.P.H., Senior Mental Health Medical Officer.
- Mildred A. Thynne, M.R.C.S., L.R.C.P., D.P.H., Assistant Maternity and Child Welfare Medical Officer.
- Hertha M. Tietze, M.D., Assistant Maternity and Child Welfare Medical Officer.
- Evelyn Steed, M.B., Ch.B., D.R.C.O.G., Assistant Maternity and Child Welfare Medical Officer.
- F. R. Philips, M.R.C.S., L.R.C.P., M.B., B.S., D.P.H., Assistant Port Medical Officer. (Resigned 31.8.50.)
- H. B. Boucher, M.B., F.R.C.S., D.T.M. & H., Assistant Medical Officer of Health. (Commenced 1.5.50.)
- M. J. Brosnan, M.B., CH.B., B.A.O., D.P.H., Assistant School Medical Officer. (Resigned 30.4.50.)
- Janet Sutherland, M.B., CH.B., M.R.C.S., L.R.C.P., D.C.H., Assistant School Medical Officer. (Resigned 12.4.50.)
- L. N. Trethowan, M.R.C.S., L.R.C.P., Assistant School Medical Officer.

DENTAL

Senior Dental Surgeon :

A. Maughan, M.C., L.D.S. (Resigned 31.7.50.)

Dental Surgeons :

J. F. Gray, L.D.S., R. M. Maynard, L.D.S., E. R. Williams, L.D.S., Mrs. M. Owen, L.D.S. (part-time).

OTHER STAFF

Chief Sanitary Inspector :

C. E. Sanderson, F.R.San.I.*†‡

Port Sanitary Inspector :

A. S. Kitt.*†

Meat Inspector :

P. A. Hawthorn.*†

Superintendent Health Visitor :

Miss M. Hornby, S.R.N., S.C.M.

Assistant Supervisor of Midwives :

Miss M. J. Casey, S.R.N., S.C.M.

Chief Clerk :

C. L. Marsh.

Chief Clerk, School Health Department :

E. T. Perkins.

Ambulance Officer :

R. D. Sampson, S.B.St.J.

Home Help Organiser :

Mrs. P. Nodder.

City Meteorologist :

G. H. Ivory.

* Sanitary Inspector's Certificate.

† Meat Inspector's Certificate.

‡ Sanitary Science Certificate.

TO THE LORD MAYOR, ALDERMEN AND COUNCILLORS OF THE CITY OF PLYMOUTH.

I have the honour to present to you my Annual Report on the health of the City of Plymouth for the year 1950.

The Registrar-General's mid-1950 estimate of the total "home" population was 208,960, which figure includes service personnel. The actual population figure according to the census taken in April, 1951, was 208,985.

The Infant Mortality rate (which is the number of deaths amongst infants of under 12 months of age per 1,000 live births) was 29.43 which is the lowest ever recorded for Plymouth. The Infant Mortality rate is regarded as a fairly reliable index of the living conditions of the population, as the well-being of the infant is very sensitive to variations of these conditions.

The work of the department during the year is described in the following detailed sections of my report. I would refer once again to a particular matter directly affecting health and well-being of the public, namely, housing. As I have stated in previous annual reports, there is in my view no local authority function which has a more profound and lasting effect upon the health of the community than that of improving the housing conditions of the population. In addition to the provision of new dwellings, the repair, demolition or closing of individual existing houses requires the constant attention of the Local Authority. The City Council has under consideration a resumption of slum clearance under the Housing Acts, commencing with the area around Pembroke Street, Devonport.

The prevention of tuberculosis remains one of the local health authority's concerns and details of this work will be found on page 82. Housing is, of course, a very material factor not only in the prevention of infection with tuberculosis, but also in the care and after-care of the patient. The Housing Committee has very properly given considerable help in re-housing the patient and his family. One of the most disturbing features of the anti-tuberculosis scheme has been the unduly long time which many patients have had to wait for admission to hospital. Fortunately however, during the early months of 1951 more beds were provided for these

patients and consequently the long waiting list began to show a most welcome fall.

As will be seen by reference to the report of the Chief Sanitary Inspector, special endeavour is being made to improve the conditions of food preparation and handling and there has been a gratifying response of co-operation from the food trade.

I take this opportunity of recording my appreciation of the loyal work of my staff.

I am, my Lord Mayor, Ladies and Gentlemen,

Your obedient servant,

T. PEIRSON.

SEVEN TREES,
LIPSON ROAD,
PLYMOUTH.

August, 1951.

Statistics and Social Conditions of the Area, 1950

Area in acres (Land and Inland Water)	...	...	9,515
Rateable value of the City	...	...	£1,725,851
Sum represented by the penny rate (estimated)	...		£6,963
Registrar-General's estimate of the home population	...		208,960
No. of marriages in the City during 1950	...	...	1,741
Marriage Rate per 1,000 of estimated home population			8.33

No. of unemployed persons in the City during December, 1950 :—

						<i>Age.</i>	<i>Total.</i>
Men	...	...	18 and over	...	...		1,179
Boys	...	...	15-17	...	...		19
Women	...	...	18 and over	...	...		907
Girls	...	...	15-17	...	...		26
						Total	2,131

<i>Live Births.</i>	<i>M.</i>	<i>F.</i>	<i>Total.</i>	
Legitimate ...	1685	1585	3270	Birth rate per 1,000 of the estimated home population =16.91.
Illegitimate ...	130	134	264	
	1815	1719	3534	

<i>Still-Births.</i>	<i>M.</i>	<i>F.</i>	<i>Total.</i>	
Legitimate ...	39	26	65	Still-Birth rate per 1,000 total (live and still) births =18.88.
Illegitimate ...	1	2	3	
	40	28	68	

<i>Deaths under 1 year.</i>	<i>M.</i>	<i>F.</i>	<i>Total.</i>	
Legitimate ...	60	33	93	Death rate of infants under 1 year per 1,000 live births =29.43.
Illegitimate ...	6	5	11	
	66	38	104	

<i>All Deaths.</i>	<i>M.</i>	<i>F.</i>	<i>Total.</i>	
	1283	1165	2448	Death rate per 1,000 of estimated home population = 11.72.

Death-rate of Infants under one year of age:—

All infants per 1,000 live births (Total Deaths 104) ...	29.43
Legitimate infants per 1,000 Legitimate Live Births (93)	28.44
Illegitimate infants per 1,000 Illegitimate Live Births (11)	41.67

Deaths from Puerperal Causes (heading 30 of the Registrar-General's Short List):—Pregnancy, Childbirth and Abortion.

	<i>Rate per 1,000 total Deaths. (live and still births.</i>
No. 30. Pregnancy, Childbirth and Abortion ...	4* 1.10

* In this figure 2 deaths occurred more than one year after childbirth.

Gastro-Enteritis (under 2 years of age).

Deaths from Gastro-Enteritis under 2 years of age ...	3
Mortality Rate per 1,000 Live Births ... ..	.85

Cremation The Council's crematorium was established in 1934, and the following figures show the use made of these facilities since that time:—

<i>Year</i>	<i>Cremations</i>	<i>Year</i>	<i>Cremations</i>
1934	10	1945	834
1939	374	1950	1585

Number of Post-Mortems asked for by the Medical Referee during 1950: 19.

**Medical
Examinations of
Council
Employees** During 1950 567 medical examinations of Corporation employees or prospective employees were performed in connection with the Corporation Superannuation and Sick Pay Schemes.

The object of these examinations is first to exclude those whose proposed employment might constitute a danger to the health of themselves or others with whom they would come in contact, and secondly to avoid the entry into the schemes of persons who seem likely to involve unfair liabilities on the Funds by reason of undue periods of sick leave or premature retirement on medical grounds.

428 of the persons examined were found to be free from any but the most trivial defects and were passed fit for permanent employment and entry to the Schemes. Of the remaining 139 with significant defects it was possible to recommend a further 55 for permanent employment, leaving 84 unfit for entry to the Schemes.

Of these :—

- 8 were found unfit for employment by the Corporation ;
- 44 were found reasonably fit for employment at the time of the examination but unfit for entry to the Superannuation or Sick Pay Schemes ;
- 32 were found to be temporarily unfit for permanent employment but likely to become fit after suitable medical treatment had been undertaken.

In this group of 84 the most commonly recurring defects were :

High Blood Pressure and Associated Conditions	...	14
Pulmonary Tuberculosis	... ..	12
Duodenal or Gastric Ulcer	... ..	10
Hernia	... ..	7
Varicose Veins of Lower Limbs	... ..	6
Chronic Bronchitis	... ..	5
Deafness and Chronic Suppurative Otitis Media	...	4

Other examinations. X-Ray examinations of the chest were obtained in 69 new entrants to the Corporation service, mainly Public Health and District Nurses and employees of the Children's Department in close contact with children.

The annual medical review of certain categories, e.g. Home Helps and Nursery Nurse Students, was continued during the year, supplemented by X-ray examination by the Plymouth Mass Radiography Unit.

Cancer I am indebted to the Director of the Devon and Cornwall Regional Cancer Organisation for the information he has given me regarding the incidence of cancer in Plymouth. The statistics relate to registrations of Plymouth residents in 1950.

CANCER REGISTRATIONS OF PLYMOUTH RESIDENTS FOR 1950

Buccal Cavity and Pharynx

Lip	7
Tongue	7
Salivary gland	2
Floor of mouth	—
Other parts of mouth and unspecified	4
Oral mesopharynx	3
Nasopharynx	1
Hypopharynx	—
Pharynx, unspecified	—
	24

Digestive Organs and Peritoneum

Oesophagus	12
Stomach	38
Small intestine, including duodenum	—
Large intestine, except rectum	35
Rectum	27
Biliary passages and liver primary	2
Biliary passages and liver secondary	4
Pancreas	8
Peritoneum	—
Unspecified digestive organs	1
	127

Respiratory System

Nose, nasal cavities, middle ear, and accessory sinuses	3
Larynx	2
Lung and bronchus primary	30
Lung and bronchus unspecified primary or secondary	—
Mediastinum	—
Thoracic organs secondary	—
	35

Breast and Genito Urinary Organs

Breast	64
Cervix uteri	20
	84
Corpus uteri	9
Other parts of uterus including chorioneplithoma	1
Uterus, unspecified	1
Ovary, Fallopian tube and broad ligament	14
Other and unspecified female genital organs	6
Prostate	18
Testis	—
Other and unspecified male genital organs	5
Kidney	3
Bladder	16
	73

Other and Unspecified Sites

Malignant melanoma of skin	3
Other skin	74
Eye	3
Brain and other parts of nervous system	4
Thyroid gland	4
Other endocrine glands	—
Bone	6
Connective tissue	3
Secondary and unspecified lymph nodes	1
Other and unspecified sites	1
	99

Lymphatic and Haematopoietic Tissues

Lymphosarcoma and reticulosarcoma	4
Hodgkins disease	6
Other forms of lymphoma	1
Multiple myeloma	1
Leukaemia and aleukaemia	5
Mycosis fungoides	—
	17

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TABLE I.
VITAL STATISTICS—PLYMOUTH—1914-1950.

Year.	Estimated Mid-year Population (a) Civilian (b) Total Resident.	Birth Rate.	Death. Rate.	Infant Mortality Rate per 1,000 Births.	CRUDE DEATH-RATES PER 1,000 POPULATION FROM						
					Measles.	Scarlet Fever.	Whoop- ing Cough.	Diph- theria.	Tuberculosis.		Cancer.
									Respira- tory.	Other Forms.	
1914	212,421 (b)	23.70	15.50	109.70	.26	.05	.22	.25	1.23	.37	1.08
1915	187,911 (a)	19.90	17.40	119.30	.61	.04	.13	.23	1.26	.45	1.15
1916	184,473 (a)	21.60	16.10	90.60	.26	.02	.08	.28	1.37	.35	1.24
1917	179,375 (a)	19.39	16.44	96.95	.46	.01	.11	.17	1.25	.49	1.33
1918	179,629 (a)	19.17	18.90	96.63	.31	.03	.32	.09	1.67	.49	1.16
Average		20.75	16.86	102.63	.38	.03	.17	.20	1.35	.43	1.19
1919	181,967 (a)	21.62	15.48	85.85	.16	.02	.02	.20	1.27	.40	1.38
1920	189,218 (a)	26.35	14.48	74.78	.18	.00	.17	.19	1.03	.24	1.29
1921	199,860 (a)	21.21	12.5	77.52	.01	.02	.05	.06	1.04	.21	1.34
1922	200,370 (a)	19.65	14.4	74.31	.22	.01	.10	.07	1.09	.24	1.25
1923	193,017 (a)	19.49	12.7	50.67	.03	.00	.04	.05	1.04	.23	1.40
Average		21.66	13.91	72.62	.12	.01	.07	.11	1.09	.26	1.33
1924	192,900 (a)	18.16	14.3	81.53	.13	.00	.16	.11	1.08	.22	1.31
1925	197,378 (a)	18.1	12.2	63.0	.01	.01	.07	.04	0.91	.22	1.36
1926	187,300 (a)	17.2	12.3	71.9	.10	.01	.07	.18	0.95	.18	1.49
1927	187,600 (a)	16.5	12.0	61.0	.00	.02	.06	.12	0.97	.16	1.58
1928	187,600 (a)	17.0	12.0	69.2	.41	.01	.02	.17	0.85	.17	1.52
Average		17.59	12.5	69.32	.13	.01	.07	.12	0.95	.19	1.45
1929	199,000 (a)	16.5	12.6	59.5	.02	.02	.17	.13	0.84	.12	1.39
1930	199,000 (a)	15.9	11.8	60.0	.14	.03	.02	.11	0.84	.17	1.47
1931	191,800 (a)	16.4	13.5	66.8	.01	.01	.05	.08	0.69	.20	1.48
1932	208,440 (b)	15.59	12.55	58.44	.02	.04	.07	.09	0.78	.15	1.49
1933	206,200 (b)	15.67	13.23	58.16	.06	.01	.06	.08	0.86	.12	1.47
Average		16.01	12.73	60.58	.05	.02	.07	.10	0.80	.15	1.46
1934	203,450 (b)	15.7	12.05	53.69	.06	.00	.08	.07	0.82	.17	1.59
1935	203,600 (b)	15.0	12.25	59.70	.02	.00	.01	.11	0.56	.15	1.58
1936	206,400 (b)	14.8	12.25	55.86	.01	.00	.09	.19	0.60	.13	1.57
1937	210,460 (b)	14.6	12.79	45.88	.00	.00	.01	.08	0.70	.07	1.63
1938	211,800 (b)	15.6	11.95	53.25	.12	—	.05	.07	0.64	.13	1.54
Average		15.14	12.25	53.68	.04	.00	.05	.10	0.66	.13	1.58
1939	215,500 (a)	15.6	12.61	42.04	—	—	—	.11	0.64	.12	1.65
1940	197,800 (a)	16.6	15.72	59.69	.02	—	.00	.53	0.83	.13	1.85
1941	149,300 (a)	16.43	23.87	77.49	.08	—	.07	.18	0.94	.15	2.25
1942	127,300 (a)	22.12	15.51	51.82	.00	—	.01	.12	0.95	.23	2.51
1943	136,530 (a)	23.03	16.69	37.53	.06	—	.06	.07	0.92	.20	2.34
Average		18.75	16.88	53.71	.03	—	.03	.20	0.85	.16	2.12
1944	144,700 (a)	24.03	14.66	39.98	.00	—	.00	.02	0.86	.12	2.13
1945	157,580 (a)	24.27	15.55	55.96	.00	—	.01	.03	0.79	.10	2.18
1946	176,070 (a)	24.26	13.87	46.11	.00	—	.02	.01	0.60	.14	2.06
1947	181,600 (a)	24.72	14.09	49.88	.05	—	.01	.01	0.77	.16	1.83
1948	188,940 (a)	21.36	12.25	29.73	—	—	.01	.00	0.73	.12	2.09
Average		23.73	14.08	44.33	.01	—	.01	.01	0.75	.13	2.06
1949	190,860 (a)	19.75	13.14	34.23	.00	—	.03	.00	0.62	.03	1.98
1950	208,960 (b)	16.91	11.72	29.43	—	—	.01	—	0.52	.07	1.82

Note.—A series of dashes indicates that there were no deaths from that particular disease during that year.
A "0" preceding a decimal point indicates that in some previous year the rate was greater than unity.
A rate of .00 indicates that there were too few deaths during that year to be expressed as a rate to two decimal places

TABLE II.
VITAL STATISTICS—1914-1950.

YEAR	STILLBIRTHS.		INFANT MORTALITY		NEO-MORTALITY.		MATERNAL MORTALITY					
	No.	Rate per 1,000 Live and Still Births.	No. of Deaths under 1 year.	Rate per 1,000 Live Births.	No. of Deaths under 4 weeks.	Rate per 1,000 Live Births.	SEPSIS.		OTHERS		TOTAL.	
							No. of Deaths.	Rate per 1,000 Live and Still Births.	No. of Deaths.	Rate per 1,000 Live and Still Births.	No. of Deaths.	Rate per 1,000 Live and Still Births.
1914	51	10.02	553	109.7	215	42.68	5	.98	22	4.32	27	5.30
1915	29	6.80	505	119.3	145	34.26	6	1.41	17	3.98	23	5.39
1916	64	14.51	394	90.6	140	32.20	4	.90	20	4.53	24	5.43
1917	59	17.57	376	96.95	137	35.33	2	1.50	15	3.81	17	4.31
1918	133	33.24	373	96.63	132	34.20	5	1.25	14	3.50	19	4.75
Average	67	16.43	444	102.63	154	35.73	4	1.21	17	4.03	22	5.03
1919	143	33.70	352	85.85	135	32.93	5	1.18	18	4.24	23	5.42
1920	153	27.61	403	74.78	182	33.78	4	.73	22	3.96	26	4.69
1921	?	?	347	77.52	153	34.18	3	.67	12	2.68	15	3.35
1922	134	31.22	309	74.31	153	36.81	4	.93	17	3.96	21	4.89
1923	129	30.33	209	50.67	102	24.74	5	1.17	12	2.82	17	3.99
Average	139	30.71	324	72.62	145	32.49	4	.94	16	3.53	20	4.47
1924	125	32.23	306	81.53	128	34.11	6	1.54	19	4.90	25	6.44
1925	?	?	243	63.0	117	30.54	3	.78	15	3.91	18	4.69
1926	?	?	262	71.9	106	29.12	3	.83	8	2.19	11	3.02
1927	?	?	214	61.0	112	31.99	11	3.15	16	4.56	27	7.71
1928	149	39.64	250	69.2	121	33.53	5	1.38	17	4.71	22	6.09
Average	137	35.93	255	69.32	117	31.85	5	1.53	15	4.05	20	5.59
1929	147	40.03	210	59.5	111	31.49	6	1.76	11	2.86	17	4.62
1930	179	49.73	208	60.0	93	27.19	8	2.22	18	5.00	26	7.22
1931	128	36.00	229	66.8	102	29.77	1	.29	8	2.33	9	2.62
1932	153	44.94	190	58.44	97	29.84	8	2.35	12	3.52	20	5.87
1933	126	37.53	188	58.16	107	33.11	7	2.08	13	3.87	20	5.95
Average	147	41.64	205	60.58	102	30.28	6	1.74	12	3.52	18	5.26
1934	118	35.5	172	53.69	91	28.41	6	1.81	8	2.40	14	4.21
1935	124	38.8	183	59.70	103	33.60	9	2.82	7	2.19	16	5.01
1936	120	37.7	171	55.86	77	25.16	5	1.57	4	1.26	9	2.83
1937	118	36.9	141	45.88	66	21.48	7	2.19	10	3.13	17	5.32
1938	140	40.6	176	53.25	87	26.32	2	0.58	5	1.45	7	2.03
Average	124	37.9	168	53.68	85	26.99	6	1.79	7	2.08	12	3.88
1939	127	35.5	145	42.04	82	23.79	2	0.55	9	2.51	11	3.06
1940	117	34.2	197	59.69	95	28.83	7	2.04	4	1.17	11	3.21
1941	82	32.3	178	77.49	75	30.57	2	0.84	4	1.68	6	2.52
1942	87	29.9	146	51.82	85	30.17	2	0.69	8	2.75	10	3.44
1943	103	31.7	118	37.53	57	18.13	5	1.54	7	2.15	12	3.69
Average	103	32.7	157	53.71	79	26.29	4	1.13	6	2.05	10	3.18
1944	99	27.6	139	39.98	80	23.01	3	0.84	4	1.12	7	1.96
1945	111	28.2	214	55.96	112	29.28	3	0.76	14	3.56	17	4.32
1946	101	23.09	197	46.11	113	26.45	1	0.22	5	1.14	6	1.36
1947	97	21.14	224	49.88	127	28.28	—	—	3	0.65	3	0.65
1948	82	19.91	120	29.73	80	19.82	1	0.24	1	0.24	2	0.48
Average	98	23.99	179	44.33	102	25.37	2	0.41	5	1.34	7	1.75
1949	93	25.34	129	34.23	75	19.89	—	—	5	1.29	5	1.29
1950	68	18.88	104	29.43	67	18.96	1	0.27	3	0.83	4	1.10

DEATHS UNDER FIVE YEARS OF AGE—BY CAUSES AND AGE GROUPS.

(CLASSIFIED LOCALLY UNDER THE INTERNATIONAL STATISTICAL CLASSIFICATION OF CAUSES OF DEATH)

FOR THE 52 WEEKS ENDED 30TH DECEMBER, 1950

[illegible]

Cause of Death		0-5		5-14		15-24		25-44		45-64		65-74		75 and over		Total		Grand Total	Deaths in Institutions
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
A 1.	Tuberculosis of Respiratory System ...	1	-	-	-	2	8	20	25	34	7	-	3	6	2	63	45	108	43
A 2.	Tuberculosis of meninges and central nervous system ...	1	1	1	2	-	-	-	1	-	-	-	-	-	-	2	4	6	6
A 3.	Tuberculosis of intestines, peritoneum and mesenteric glands ...	2	-	-	1	-	-	-	1	1	1	-	-	-	-	3	3	6	4
A 5.	Tuberculosis, all other forms ...	-	1	-	-	-	-	-	-	1	-	-	1	-	-	1	2	3	2
A 8.	Tabes dorsalis ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1
A 9.	General paralysis of insane ...	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	2	2	2
A 10.	All other syphilis ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5	13	5
A 13.	Paratyphoid fever and other Salmonella infections ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	1
A 20.	Septicaemia and pyaemia ...	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1	-	1	1
A 22.	Whooping Cough ...	1	2	-	-	-	-	-	-	-	-	-	-	-	-	1	2	3	3
A 23.	Meningococcal infections ...	1	1	1	-	-	-	-	-	-	-	-	-	-	-	1	2	3	3
A 28.	Acute poliomyelitis ...	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	3	3	3
A 29.	Acute infections encephalitis ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-
A 30.	Late effects of acute poliomyelitis and acute infections encephalitis ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
A 34.	Infectious hepatitis ...	-	-	-	1	-	-	-	-	-	1	-	-	-	-	-	1	1	-
A 43.	All other diseases classified as infective and parasitic ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1
A 44.	Malignant neoplasm of buccal cavity and pharynx ...	-	-	-	-	-	-	1	-	1	-	-	-	-	-	2	-	2	2
A 45.	Malignant neoplasm of oesophagus ...	-	-	-	-	-	-	-	-	2	-	3	2	5	-	10	2	12	7
A 46.	Malignant neoplasm of stomach ...	-	-	-	-	-	-	-	-	1	1	1	4	4	5	6	10	16	6
A 47.	Malignant neoplasm of intestine, except rectum ...	-	-	-	-	-	-	1	-	17	11	7	13	12	12	37	36	73	18
A 48.	Malignant neoplasm of rectum ...	-	-	-	-	-	-	1	1	6	5	6	4	5	10	18	20	38	16
A 49.	Malignant neoplasm of larynx ...	-	-	-	-	-	-	-	-	8	1	8	3	4	7	20	11	31	10
A 50.	Malignant neoplasm of trachea, and of bronchus and lung not specified as secondary ...	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	-	1	1
A 51.	Malignant neoplasm of breast ...	-	-	-	-	-	-	-	1	19	2	13	2	3	1	35	6	41	13
A 52.	Malignant neoplasm of cervix uteri ...	-	-	-	-	-	-	-	4	7	1	6	-	4	4	1	21	22	4
A 53.	Malignant neoplasm of other and unspecified parts of uterus ...	-	-	-	-	-	-	-	1	-	10	-	2	-	-	-	13	13	3
A 54.	Malignant neoplasm of prostate ...	-	-	-	-	-	-	-	-	-	10	-	6	-	3	-	20	20	3
A 55.	Malignant neoplasm of skin ...	-	-	-	-	-	-	-	-	3	-	16	-	9	-	28	-	28	15
A 56.	Malignant neoplasm of bone and connective tissues ...	-	-	-	-	-	-	-	-	2	-	1	-	-	2	3	2	5	3
A 57.	Malignant neoplasm of all other and unspecified sites ...	-	-	-	-	2	-	-	-	2	1	-	1	1	-	5	2	7	4
A 58.	Leukaemia and aleukaemia ...	-	1	1	2	3	-	1	6	9	12	12	6	10	11	36	38	74	31
A 59.	Lymphosarcoma and other neoplasms of lymphatic and haematopoietic system ...	1	-	-	1	-	-	3	1	1	2	-	-	2	-	7	4	11	7
A 60.	Benign neoplasms and neoplasms of unspecified nature ...	-	-	-	-	-	1	3	-	-	2	1	-	-	-	4	3	7	3
A 62.	Thyrototoxicosis with or without goiter ...	-	-	-	-	-	-	-	-	1	3	2	1	-	-	3	6	9	6
A 63.	Diabetes mellitus ...	-	-	-	-	-	-	-	-	2	1	3	1	-	1	2	2	2	1
A 64.	Avitaminosis and other deficiency states ...	-	-	1	-	-	-	-	-	4	3	2	2	3	5	9	11	20	9
A 65.	Anaemias ...	-	1	-	-	-	-	-	1	-	-	-	-	-	-	-	1	1	1
A 66.	Allergic disorders; all other endocrine, metabolic and blood diseases ...	-	-	-	-	-	-	-	-	-	1	3	3	-	1	3	6	9	6
A 67.	Psychoses ...	-	-	-	-	-	-	1	1	5	4	6	5	2	2	14	11	25	7
A 68.	Psychoneuroses and disorders of personality ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	2	2
A 69.	Mental deficiency ...	-	-	-	-	-	-	-	1	1	-	-	-	-	-	1	1	1	-
A 70.	Vascular lesions affecting central nervous system ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
A 71.	Nonmeningococcal meningitis ...	1	-	-	-	-	-	2	1	38	37	45	57	61	89	147	184	331	106
A 72.	Multiple sclerosis ...	-	1	-	-	-	-	1	-	1	-	-	-	-	-	2	1	3	3
A 73.	Epilepsy ...	-	-	-	-	-	-	1	1	1	2	-	-	-	-	2	3	5	2
A 77.	Otitis media and mastoiditis ...	-	1	-	-	1	-	-	-	-	-	-	-	-	-	2	1	3	1
A 78.	All other diseases of the nervous system and sense organs ...	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1	1	2	2
A 80.	Chronic rheumatic heart disease ...	-	-	-	-	-	-	-	-	4	2	5	3	3	4	13	9	22	14
A 81.	Arteriosclerotic and degenerative heart disease ...	-	-	-	-	-	-	-	-	3	9	6	3	5	9	17	26	43	14
A 82.	Other diseases of heart ...	-	-	-	-	-	-	-	-	78	34	97	75	124	184	293	597	128	14
A 83.	Hypertension with heart disease ...	1	-	-	-	-	-	2	1	6	6	1	7	9	11	17	25	42	14
A 84.	Hypertension without mention of heart disease ...	-	-	-	-	1	-	1	-	22	9	21	18	23	64	51	115	43	9
A 85.	Diseases of arteries ...	-	-	-	-	-	-	1	1	3	2	2	2	3	9	5	14	6	6
A 86.	Other diseases of circulatory system ...	-	-	-	-	-	-	2	1	1	2	2	1	1	3	4	5	9	8
A 87.	Acute upper respiratory infections ...	1	-	-	-	-	-	-	-	1	1	1	1	1	2	2	2	2	1
A 88.	Influenza ...	1	-	-	-	-	-	1	-	4	1	1	1	2	-	8	10	2	3
A 89.	Lobar pneumonia ...	1	-	-	-	1	-	2	1	6	2	5							

DEATHS BY AGE GROUPS AND CAUSES—PLYMOUTH—1950.
AS CLASSIFIED BY THE REGISTRAR GENERAL.

CAUSE OF DEATH	0-1		1-5		Total under 5 yrs.		5-14		15-24		25-44		45-64		65-74		75 and upwards		Total all ages		Grand Total
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
1. Tuberculosis, respiratory ...	1	—	—	—	1	—	—	—	2	8	19	25	34	7	—	3	6	2	62	45	107
2. Tuberculosis, other ...	—	1	3	1	3	2	1	3	—	—	1	2	2	1	—	1	—	—	7	9	16
3. Syphilitic disease ...	—	—	—	—	—	—	—	—	—	—	1	1	1	3	5	1	—	—	7	5	12
4. Diphtheria ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5. Whooping Cough ...	1	2	—	—	1	2	—	—	—	—	—	—	—	—	—	—	—	—	1	2	3
6. Meningococcal infections ...	1	1	—	1	1	2	—	1	—	—	—	—	—	—	—	—	—	—	1	3	4
7. Acute poliomyelitis ...	—	1	—	1	—	2	—	1	—	—	—	—	—	—	—	—	—	—	—	3	3
8. Measles ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9. Other infective and parasitic diseases ...	1	—	—	—	1	—	—	1	—	—	1	1	3	1	—	—	—	—	5	3	8
10. Malignant neoplasm, stomach ...	—	—	—	—	—	—	—	—	—	—	1	—	17	10	7	14	13	11	38	35	73
11. Malignant neoplasm, lung and bronchus ...	—	—	—	—	—	—	—	—	—	—	—	1	19	2	13	2	3	1	35	6	41
12. Malignant neoplasm, breast ...	—	—	—	—	—	—	—	—	—	—	—	4	—	7	1	6	—	4	1	21	22
13. Malignant neoplasm, uterus ...	—	—	—	—	—	—	—	—	—	—	—	2	—	20	—	8	—	4	—	34	34
14. Other malignant and lymphatic neoplasms ...	—	—	—	1	—	1	1	2	5	1	5	7	32	24	53	23	37	37	133	95	228
15. Leukaemia and aleukaemia ...	—	—	1	—	1	—	—	1	—	—	3	1	1	2	—	—	2	—	7	4	11
16. Diabetes ...	—	—	—	—	—	—	—	1	—	—	—	—	4	5	2	2	3	5	9	13	22
17. Vascular lesions of nervous system ...	—	—	—	—	—	—	—	—	—	—	2	1	36	32	44	53	50	78	132	164	296
18. Coronary disease, angina ...	—	—	—	—	—	—	—	—	—	—	4	—	67	22	52	33	34	37	157	92	249
19. Hypertension with heart disease ...	—	—	—	—	—	—	—	—	1	—	1	1	18	9	21	13	18	23	59	46	105
20. Other heart disease ...	—	—	1	—	1	—	—	—	—	1	3	5	28	33	60	55	107	180	199	274	473
21. Other circulatory disease ...	—	—	—	—	—	—	—	—	—	—	3	3	7	4	11	7	17	12	38	26	64
22. Influenza ...	—	—	—	—	—	—	—	—	—	—	1	—	4	1	1	1	2	—	8	2	10
23. Pneumonia ...	15	7	1	1	16	8	1	1	1	—	3	2	10	5	12	10	10	19	53	45	98
24. Bronchitis ...	1	—	—	1	1	1	—	—	—	—	3	—	17	3	21	8	25	29	67	41	108
25. Other diseases of respiratory system ...	—	—	—	—	—	—	—	—	—	—	—	2	7	1	3	2	3	4	13	9	22
26. Ulcer of stomach and duodenum ...	—	—	—	—	—	—	—	—	—	—	1	—	8	5	3	2	3	2	15	9	24
27. Gastritis, enteritis and diarrhoea ...	3	—	—	—	3	—	—	—	—	—	—	3	4	—	1	3	2	3	10	9	19
28. Nephritis and nephrosis ...	—	—	—	—	—	—	—	—	3	—	4	—	10	4	1	4	9	8	27	18	45
29. Hyperplasia of prostate ...	—	—	—	—	—	—	—	—	—	—	—	—	4	—	10	—	9	—	23	—	23
30. Pregnancy, childbirth, abortion ...	—	—	—	—	—	—	—	—	—	1	—	1	—	1	—	—	—	1	—	4	4
31. Congenital malformations ...	2	5	—	—	2	5	—	—	1	—	—	—	1	—	2	—	—	1	6	6	12
32. Other defined and ill-defined diseases ...	38	21	—	1	38	22	3	—	3	2	8	10	20	24	29	23	31	44	132	125	257
33. Motor vehicle accidents ...	—	—	1	1	1	1	—	—	2	—	5	—	1	1	1	—	—	—	10	2	12
34. All other accidents ...	3	—	—	—	3	—	—	—	1	—	4	2	4	—	2	1	5	9	19	12	31
35. Suicide ...	—	—	—	—	—	—	—	—	1	—	3	1	—	2	2	—	2	—	8	3	11
36. Homicide and operations of war ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	1
TOTAL ALL CAUSES ...	66	38	7	8	73	46	6	11	20	13	76	77	359	229	358	275	391	514	1283	1165	2448

CLIMATOLOGICAL OBSERVATIONS

Taken at The Hoe, Plymouth, during the Year 1950

	1950	1949	50 Years Average
TEMPERATURES			
Maximum	83.7 (6th June)	85.3 (12th July)	87.0 (16/8/47) [†] (12/7/23)
Minimum	23.4 (25th Jan.)	28.2 (11th March)	16.0 (29/1/47) [†] (1/2/47)
Mean	51.7	54.0	51.4
Daily Range	10.0	11.5	10.8
Relative Humidity ...	79%	75%	82%
EARTH TEMPERATURES			
Earth 1 ft. deep ...	53.2	54.5	52.2*
Earth 4 ft. deep ...	53.7	54.6	52.6**
Minimum on Grass ...	16.5 (6th Dec.)	20.6 (11th Mar.)	10.6 (31/1/12) [†]
SEA TEMPERATURE			
Mean 6 ft. deep ...	54.0	55.2	53.2*
RAINFALL			
Total during year ...	45.34"	32.17"	37.45"
Greatest daily fall ...	1.32" (8th Sept.)	1.59" (20th Sept.)	2.27" (17/11/16) [†]
Number Wet Days ...	217	167	188
SUNSHINE			
Total Number Hours ...	1647.1	2025.2	1683.3
Greatest Daily Amount	14.9 (10th June)	15.1 (1st July)	15.3 (3/6/1906) [†]
Number Sunless Days ...	67	50	62
WIND			
Prevailing Direction ...	W.	W.	S.W.
Highest Velocity (Gust) m.p.h.	75 (2nd Feb.)	Not available	—

[†] Denotes Absolute Record.

* Denotes a 45 Year Average.

** Denotes a 27 Year Average.

G. H. IVORY & PARTNERS,
City Meteorologists,
24 Athenaeum Street,
Plymouth.

Maternity and Child Welfare

REPORT OF SENIOR ASSISTANT MEDICAL OFFICER FOR MATERNITY AND CHILD WELFARE.

Births. The live birth-rate for 1950 is 16.91 per 1,000 of the estimated civilian population (208,960). This is the lowest rate recorded since 1941.

	<i>Notified</i>	<i>Registered</i>	<i>Allocated</i>
Total live births (legitimate and illegitimate)	3756	3758	3534
Total stillbirths (legitimate and illegitimate)	94	94	68
Total births	<u>3850</u>	<u>3852</u>	<u>3602</u>
Illegitimate births—live	132	132	264
stillbirths	4	4	3
Total	<u>136</u>	<u>136</u>	<u>267</u>
No. of births notified by doctors and parents			459
No. of births notified by midwives			3391
			<u>3850</u>

PLACE OF CONFINEMENT.

Own home by municipal midwife	901
Own home by municipal midwife with doctor	189
Own home by private midwife	12
Own home by private midwife with doctor	50
Own home by T.T.N.A. district midwife	202
Own home by T.T.N.A. district midwife with doctor	208
Alexandra Maternity Home by midwife	893
Alexandra Maternity Home by midwife with doctor	240
Freedom Fields Hospital by midwife	198
Freedom Fields Hospital by midwife with doctor	787
Private Nursing Home with doctor	91
	<u>3771</u>

(Multiple births counted as one).

[PLYMOUTH BIRTH RATES FROM 1920.

1920-29	Average	18.9
1930-39	Average	15.4

<i>Year</i>			<i>Rate</i>
1940	...	...	16.6
1941	...	...	16.43
1942	...	...	22.12
1943	...	...	23.03
1944	...	...	24.03
1945	...	...	24.27
1946	...	...	24.26
1947	...	...	24.72
1948	...	...	21.36
1949	...	...	19.7
Average for 10 years			21.6

Average for 10 years, 1940-49, for England and Wales ... 16.9

<i>Year</i>			<i>Rate</i>
1950	...	...	16.91

1950 Birth-rate for England and Wales ... 15.8

Stillbirths.

For the first time in the past ten years, Plymouth's stillbirth rate is lower than that for England and Wales, the respective rates being 0.32 and 0.37 per 1,000 of the civilian population.

Calculated per 1,000 births, Plymouth's rate is 18.88, and is the lowest yet recorded.

STILLBIRTH RATE.

Year.	England and Wales.	Plymouth.	
	Per 1,000 population.	Per 1,000 births.	Per 1,000 population.
1940	0.55	34.29	0.59
1941	0.51	32.3	0.41
1942	0.54	29.95	0.68
1943	0.51	31.7	0.75
1944	0.50	27.68	0.68
1945	0.46	28.20	0.70
1946	0.53	23.09	0.57
1947	0.50	21.15	0.53
1948	0.42	19.91	0.43
1949	0.39	25.34	0.51
1950	0.37	18.88	0.32

No. of notified stillbirths (institutional 74 ; domiciliary 23)					97
Institutional.					
Freedom Fields Hospital	...	...	...	52	
Flete Maternity Home	...	...	...	3	
Alexandra Maternity Home	...	...	...	18	
Charlton Nursing Home	...	...	...	1	
				—	74
Domiciliary.					
Municipal Midwife	...	...	...	13	
Three Towns Nursing Association Midwife	...	...	...	9	
Private Midwife	...	...	...	1	
				—	23
					<u>97</u>
Doctor in attendance					84
Midwife only in attendance					13
				—	97
Female stillbirths					44
Male stillbirths					53
				—	97

The following information has been extracted from a survey of the records of 97 notified still births.

A. Macerated : 37.

Duration of pregnancy.

Over 40 weeks	...	...	...	...	4
40 weeks	...	...	...	...	6
36-39 weeks	...	...	...	...	9
32-35 weeks	...	...	...	...	13
Under 32 weeks	...	...	...	...	5
				—	37

Parity.

1st pregnancy	...	...	...	...	18
2nd „	...	...	...	...	4
3rd „	...	...	...	...	6
4th „	...	...	...	...	3
5th „	...	...	...	...	5
Over 5th pregnancy	...	...	...	...	1
				—	37

Pre-natal supervision.

Satisfactory	37
--------------	-----	-----	-----	-----	----

Causes.

(a) Post-mature.

Post maturity	...	...	...	...	2	
Delayed labour	...	...	...	...	1	
Knot in cord	...	...	...	...	1	
					—	4
						<u>4</u>

(b) Full-term.

Toxaemia	...	...	...	...	1	
Cord round neck	...	...	...	...	1	
Not known	...	...	...	...	4	
					—	6
						<u>6</u>

(c) 36-39 weeks.

Short cord version		...	...	...	1	
Toxaemia	...	...	...	...	1	
A.P.H.	...	...	...	...	2	
Anencephaly	...	...	...	...	1	
Rh. incompatibility		...	...	...	2	
Endometritis Ov. cyst—Ceasar	...	...	...	...	1	
Not known	...	...	...	...	1	
					—	9
						<u>9</u>

(d) 32-35 weeks.

Toxaemia	...	...	...	...	6	
Pyelitis	...	...	...	...	1	
Hydrocephaly	...	...	...	...	1	
Accident	...	...	...	...	2	
Active T.B. of mother	...	...	...	...	1	
Rh. incompatibility		...	...	...	1	
Not known	...	...	...	...	1	
					—	13
						<u>13</u>

(e) Under 32 weeks.

Accidental A.P.H.		...	...	...	2	
Rh. incompatibility		...	...	...	1	
Anaemia	...	...	...	...	2	
					—	5
						<u>5</u>
						<u>37</u>
						<u>37</u>

B. Premature but not macerated : 16.

Duration of pregnancy.

36 weeks	...	...	...	...	2	
32-35 weeks	...	...	...	...	6	
28-30 „	...	...	...	...	8	
					—	16
						<u>16</u>

Parity.

1st pregnancy	...	...	...	...	...	5
2nd	„	...	...	...	...	4
3rd	„	...	...	...	...	2
4th	„	...	...	...	...	2
5th	„	...	...	...	...	2
Over 5th pregnancy	...	...	...	...	...	1
						<u>16</u>

Pre-natal supervision.

Satisfactory	...	...	...	...	...	16
						<u>16</u>

Standard of living.

Good	...	...	...	...	...	5
Fair	...	...	...	...	...	2
Not known	...	...	...	...	...	9
						<u>16</u>

Causes.

36 weeks.

Anencephaly	...	...	...	...	...	1	
A.P.H. (following version)	...	...	...	...	...	1	2
						<u>1</u>	

32-35 weeks.

Toxaemia	...	...	...	...	...	3	
Anencephaly	...	...	...	...	...	1	
Malformation	...	...	...	...	...	1	
Inattention at birth	...	...	...	...	...	1	6
						<u>1</u>	

28-30 weeks.

Prematurity	...	...	...	...	...	2	
Anencephaly	...	...	...	...	...	1	
A.P.H.	...	...	...	...	...	2	
Pyelitis (premature)	...	...	...	...	...	1	
Malformation	...	...	...	...	...	1	
Not known	...	...	...	...	...	1	8
						<u>1</u>	
							<u>16</u>

C. Stillborn at or near term : 44.

Parity.

1st pregnancy	...	...	...	...	...	19
2nd	„	...	...	...	...	7
3rd	„	...	...	...	...	4
Over 3rd pregnancy	...	...	...	...	...	14
						<u>44</u>

Age.

Under 21 years	...	...	...	...	4
21-24 years	...	...	...	...	7
25-29 „	...	...	...	...	15
30-34 „	...	...	...	...	6
35-39 „	...	...	...	...	8
40 years and over	...	...	...	...	4
					<hr/>
					44
					<hr/>

Pre-natal supervision.

Satisfactory	...	...	...	...	43
Nil	...	...	...	...	1
					<hr/>
					44
					<hr/>

Standard of living.

Good	...	...	...	...	11
Fair	...	...	...	...	11
Poor	...	...	...	...	2
Not known	...	...	...	...	20
					<hr/>
					44
					<hr/>

Delivery.

Spontaneous	...	...	...	...	33
Instrumental	...	...	...	...	6
Manual	...	...	...	...	3
Not stated	...	...	...	...	2
					<hr/>
					44
					<hr/>

Causes.

Dystocia	...	...	...	...	19
„ (Breech	...	...	...	...	7
„ (1 extended)					
Impacted shoulders	...	...	...	...	3
Severe moulding	...	...	...	...	2
Prolonged labour	...	...	...	...	5
Transverse (Caesar)	...	...	...	...	1
Cerebral injury	...	...	...	...	1)
Cord anomalies	...	...	...	...	9
(Prolapsed	...	...	...	...	3
Round neck	...	...	...	...	5
True knot	...	...	...	...	1)
Haemorrhage A.P.H.	...	...	...	...	2
Inattention at birth	...	...	...	...	2
Erythroblastosis foetalis	...	...	...	...	1
Toxaemia	...	...	...	...	5
Post maturity	...	...	...	...	1
Anencaphaly	...	...	...	...	1
Hydrocephalus	...	...	...	...	2
Not known	...	...	...	...	2
					<hr/>
					44
					<hr/>

Circular 20/44. Care of Premature Infants. Two hundred and eighty-three premature births were notified, exactly the same number as in the previous year. This included 59 underweight babies out of thirty-six twin pregnancies. Forty-eight babies did not survive the first month of life. The outward transfers were 45, the inward transfers from Flete were 10, giving a total of 248 premature babies belonging to Plymouth. On the 31st December, 190 (i.e. 76.6%) of these were alive and living in Plymouth, 96 being over six months old and 30 under one month. For the first few weeks of life 118 out of the 190 were entirely breast fed. Fourteen of the 248 left Plymouth before the end of the year, 47 died and 186 (i.e. 75%) reached the age of six months. Apart from the toxaemias and multiple pregnancies, the 1950 records show no outstanding single cause of prematurity.

Approximately 7.5% of the live births were premature.

Equipment to help with the preservation of life was sent out to four cases.

Seventeen premature babies born in their own homes were later removed to Hospital for special care.

1949 *Follow-up.*

Of the 181 babies born in 1949 who were surviving and living in Plymouth at 31st December, 1949, nine left the district during 1950, and one died from broncho-pneumonia at the age of four months. This baby was one of twins, the other having died of broncho-pneumonia when two months old. One hundred and seventy-one babies were alive and well at the age of twelve months.

1. INSTITUTIONAL AND DOMICILIARY PREMATURE, OR
UNDERWEIGHT BABIES.

	<i>Total notified births</i>	<i>Died within 24 hours</i>	<i>Died within first week</i>	<i>Died after first week and within 28 days</i>	<i>Survived 28 days</i>	<i>Died after 28 days</i>	<i>Left Plymouth up to 31.12.50 (includes 35 outward transfers)</i>	<i>Surviving and living in Plymouth at 31.12.50</i>		
								<i>Total</i>	<i>Six months</i>	<i>Under 1 month</i>
Institutional premature babies	173	8	19	4	142	4	46	92	46	16
Domiciliary premature babies	110	7	9	1	93	1	3	89	46	9
TOTALS	283	15	28	5	235	5	49	181	92	25
							Male	...	...	145
							Female	...	...	138

(The above table is not adjusted for outward and inward transfers)

2. CLASSIFICATION OF THE DISTRICT PREMATURE BABIES TRANSFERRED TO HOSPITAL.

No.	Weight	Duration of pregnancy	Remarks
1	2 lbs. (approx.)	? 26 weeks	Very feeble infant. <i>Died</i> 2 days.
2	5 lbs. 2 ozs.	? term	Feeble infant. <i>Died</i> 1 week. 1a. Broncho-pneumonia.
3	5 lbs. 4 ozs.	34-36 weeks	Cyanosis.
4	1 lb. 8 ozs.	28 weeks	Illegitimate. Feeble infant. <i>Died</i> 22 hours.
5	? 2½ lbs.	30 weeks	Feeble infant. <i>Died</i> 1 day.
6	2 lbs. 10 ozs.	26-28 weeks	Premature rupture of membranes— ? cause. <i>Died</i> 4 days.
7	3 lbs.	? 30 weeks	Mother had pneumonia prior to confinement. Feeble infant. <i>Died</i> 5 hours.
8	3¾ lbs.	32 weeks	<i>Died</i> 12 days. 1a. Bilateral broncho-pneumonia.
9	4½ lbs.	32-34 weeks	Unsatisfactory condition of infant—feeble.
10	2½ lbs.	? 28 weeks	2nd twin. Rhesus Neg. (Other twin stillborn). <i>Died</i> 2 days.
11	5½ lbs.	34 weeks	Admitted to hospital on 6th day because of no bowel action. Discharged 15th day.
12	4 lbs. 13 ozs.	36 weeks	Mother and baby transferred to hospital—retained placenta. Baby kept in hospital, discharged 23rd day.
13	3 lbs. 9 ozs.	34 weeks	Removed to hospital because of cyanotic attacks. <i>Died</i> 3 days.
14	3 lbs. 2 ozs.	34 weeks	1st twin. Asphyxiated. <i>Died</i> 15½ hours. Other twin died before admission to hospital.
15	4½ lb.	40 weeks	Removed to hospital on 4th day. General condition poor—fits. Discharged 12th day.
16	3½ lbs.	Term	Removed to hospital 4th day. Asphyxiated, muscles stiff, emaciated. <i>Died</i> 33 days. Broncho-pneumonia.
17	3½ lbs.	30-32 weeks	Removed to hospital on account of prematurity and cyanosis. Discharged, satisfactory, on 13th day.

Note.—6 babies survived and 11 babies died.

3. INSTITUTIONAL AND DOMICILIARY PREMATURE, OR UNDERWEIGHT, BABIES.

PROBABLE CAUSE OF PREMATUREITY.

<i>Probable Cause.</i>	<i>Total Births.</i>	<i>Died within 24 hours.</i>	<i>Died within 28 days.</i>	<i>Died after 28 days.</i>	<i>Left Plymouth as at 31.12.50</i>	<i>Total surviving and living in Plymouth at 31.12.50.</i>
Multiple pregnancy ...	30	3	4	1	6	16
Multiple pregnancy + toxaemia ...	5	—	—	—	1	4
Multiple pregnancy + A.P.H. ...	3	2	—	—	—	1
Toxaemia ...	26	—	4	—	9	13
Pre-eclampsia ...	4	—	1	—	—	3
Hypertension ...	1	—	—	—	1	—
Pyelitis ...	3	—	—	—	1	2
A.P.H. ...	6	1	3	—	1	1
Placenta praevia ...	3	—	—	—	1	2
Accidental haemorrhage after version ...	1	—	—	—	1	—
Attempted version ...	1	—	—	—	1	—
Injury or shock to mother ...	4	—	—	—	—	4
Medical or surgical induction ...	9	1	—	—	4	4
Positive W.R. ...	1	—	—	—	—	1
Full-term but underweight ...	59	1	—	2	8	48
Unknown ...	127	7	21	2	15	82
TOTALS ...	283	15	33	5	49	181

4. INITIAL FEEDING OF 181 PREMATURE BABIES SURVIVING AND LIVING IN PLYMOUTH ON 31ST DECEMBER, 1950.

(a) Institutional : 92.

Entirely breast fed ...	50
Breast fed, plus complementary feeding ...	18
Artificially fed ...	24
Smallest baby 2 lbs. 7 ozs. Largest baby 5 lbs. 8 ozs.	

(b) Domiciliary : 89.

Entirely breast fed ...	68
Breast fed, plus complementary feeding ...	10
Artificially fed ...	11
Smallest baby 3 lbs. 8 ozs. Largest baby 5 lbs. 8 ozs.	

Infant Mortality. (See Tables on pages 15b, 15c and 15e).
 There were 104 deaths in the first year of life giving an infant mortality rate of 29.43 per 1,000 births which is the lowest rate ever recorded for Plymouth. The rate for England and Wales also reached the low figure of 29.8.

The reduction in deaths has been mainly in the age groups between one month and one year. 58% of the deaths were due to pre-natal and neo-natal causes and 35% to respiratory diseases.

Deaths in the first month numbered 67, giving a neo-natal mortality rate of 18.9 which is a slight improvement on last year's figure of 19.37.

There were 15 deaths between the age of 1 and 5 years.

				<i>Deaths 0-1</i>	<i>Deaths 1-5</i>	<i>Total deaths</i>
				<i>years.</i>	<i>years.</i>	<i>under 5 years.</i>
1938	...	...	...	176	59	235
1939	...	...	...	145	48	193
1940	...	...	...	197	94	291
1941	...	...	...	178 (27 enemy	112 (48 enemy	290
1942	...	...	...	146	action) 32	action) 178
1943	...	...	...	118	49	167
1944	...	...	...	139	40	179
1945	...	...	...	214	46	260
1946	...	...	...	197	33	230
1947	...	...	...	221	36	257
1948	...	...	...	125	31	156
1949	...	...	...	127	19	146
1950	...	...	...	104	15	119

Gastro-enteritis in children under two years of age.	Notifications received	...	...	...	144
	Un-notified fatal case	...	...	...	1
					<hr/>
	Total cases	...	...	...	145
					<hr/>
	Total deaths	...	...	...	5
					<hr/>

<i>Age groups.</i>							<i>Deaths.</i>
Under 1 month	...	...	...	...	...	8	
1-3 months	...	...	...	...	...	24	3
3-6 „	...	...	...	...	...	31	1 (1951 death)
6-9 „	...	...	...	...	...	14	
9-12 „	...	...	...	...	...	17	1
1-2 years	...	...	...	...	...	51	
						<hr/>	<hr/>
						145	5
						<hr/>	<hr/>

Where treated.						<i>Deaths</i>	
Own home	...	...	...	...	...	95	1
Isolation Hospital	...	...	...	...	...	44	1
Freedom Fields Hospital	...	...	...	...	...	6	3
						<hr/> 145	<hr/> 5
						<hr/> <hr/>	<hr/> <hr/>

Place of birth for those under three months.

Own home	...	...	...	...	...	13	1
Alexandra Maternity Home	...	...	...	...	...	2	
Freedom Fields Hospital	...	...	...	...	...	13	1
Flete Maternity Home	...	...	...	...	...	4	1
						<hr/> 32	<hr/> 3
						<hr/> <hr/>	<hr/> <hr/>

Type of feeding in those under six months.

Breast	...	...	...	...	...	9	
Breast + National dried milk	...	...	...	...	...	2	2
Liquid milk	...	...	...	...	...	4	
National dried milk	...	...	...	...	...	39	2
Proprietary dried milk	...	...	...	...	...	9	
						<hr/> 63	<hr/> 4
						<hr/> <hr/>	<hr/> <hr/>

Severity.

Severe	...	...	...	...	...	27	
Moderate	...	...	...	...	...	68	
Mild	...	...	...	...	...	50	
						<hr/> 145	
						<hr/> <hr/>	

Standard of mothercraft (includes cleanliness).

Good	...	...	...	...	...	67	
Fair	...	...	...	...	...	66	
Poor	...	...	...	...	...	11	
Not known	...	...	...	...	...	1	
						<hr/> 145	
						<hr/> <hr/>	

Sanitation.

Good	...	...	...	...	...	29	
Satisfactory	...	...	...	...	...	106	
Poor	...	...	...	...	...	10	
						<hr/> 145	
						<hr/> <hr/>	

Contact with gastro-enteritis in house	...	26
		<hr/>

Seasonal incidence.

January	...	...	...	...	...	18	cases
June	...	...	...	...	...	30	„
December	...	...	...	...	...	16	„
Remaining months from 7 to 10 each.							

Eight cases occurred under the age of one month, two being very mild, five moderate in severity and only one severe.

In the group of 27 severe cases, mothercraft was good in 14, fair in 11 and poor in 2. Sanitation was really poor in only one case and recent contact with another case of gastro-enteritis in the same household occurred only once.

Five children died. Three contacted gastro-enteritis while in hospital with another complaint (pulmonary tuberculosis, eczema and pneumonia). Two died at home, the illness being acute and death occurring within a few days of the onset.

Little information is available as to the actual cause of the gastro-enteritis. The incidence was much higher amongst bottle fed babies than among the breast fed. Many of the mild cases notified were certainly not true primary gastro-enteritis at all.

In the group of 44 cases treated in the City Isolation Hospital, 50% were classified as infective, 25% as parenteral and 25% as due to dietetic errors.

The local mortality rate (on three deaths) for children under two years of age is 0.85 per 1,000 live births, the rate for England and Wales being 1.9.

Ophthalmia Neonatorum. Twelve notifications were received. Compared with 35 in 1949, and 87 in 1948, this is a notable decrease. Only nine babies received treatment at the Royal Eye Infirmary.

Since the end of May no prophylactic antiseptic eye drops have been used by the municipal midwives and the results, so far, have been very satisfactory.

(a)Notified by General Practitioners	...	...	4 cases
(b) Notified through Royal Eye Infirmary	...	...	8 „
...	TOTAL	...	12 „
Out-patient treatment	...	...	6
In-patient treatment	...	...	3
Treated at home	...	...	3
			12

Attendant at delivery.

Municipal midwife	...	...	...	...	8
Freedom Fields Hospital	...	...	...	...	4
					<hr/> 12
					<hr/>

Onset.

Within 5 days	...	...	...	...	4
7-17 days	...	...	...	...	8
					<hr/> 12
					<hr/>

Vision unimpaired	...	...	...	...	12
					<hr/>

Duration of treatment.

1 week or less	...	...	...	...	4
8-14 days	...	...	...	...	2
15-21 days	...	...	...	...	2
Over 21 days	...	...	...	...	4
					<hr/> 12
					<hr/>

Circular 2866.

Care of illegitimate children and moral welfare work.

Summary of work covered :—

Cases in hand from 1949	70
Cases reported 1950	149	
Cases re-opened 1950	34	
				<hr/> 183	

Reported by :—

Maternity and Child Welfare	...	...	52
Barnardo's and Church of England Children's Society	...	...	7
Themselves and others interested	...	47	
Naval Family Welfare and W.R.N.S.	...	5	
Consultant and general practitioners	...	11	
Assistance Board	...	12	
Hospital matrons and almoners	...	19	
Children's Officer and N.S.P.C.C.	...	4	
T.B. Department	...	5	
Three Towns Nursing Association	...	3	
Public officials	...	8	
Voluntary organisations	...	10	
			<hr/>
			183

Cases dealt with	...	...	...	...	<hr/>253
					<hr/>

No. of interviews	...	...	...	...	1704
No. of visits	...	...	...	...	372
Aftercare visits at Starcross, Exeter, Bradninch, St. Agnes, Wadebridge and Liskeard	...	...	...	...	17

Cases were dealt with on the following lines :—

Young girls in moral danger helped and advised ...	10
Taken to Rosemundy	10
„ „ Southview	8 and 2 babies
„ „ Dunmore	12 and 3 „
„ „ St. Mary's	2
Layettes, clothing, etc., provided ...	61
Grants, etc., applied ...	13
Grants administered ...	64
Grants obtained ...	7
Affiliation investigations ...	20
Affiliation orders obtained through Court ...	4
Affiliation through Private Agreement ...	4
Kept in touch through office ...	6
Kept in touch through the Club ...	60
Work found with baby ...	3
Work found for ...	19
Matrimonial difficulties ...	15
Kept in touch through correspondence ...	25
Put in touch with Welfare Workers in other towns	8
Foster homes ...	4
Taken to nurseries ...	4
Helped and advised ...	45
Married women with illegitimate children helped and advised ...	100
Unmarried mothers helped and advised ...	190

It will be noted that the numbers are somewhat less than in previous years and this is attributed to the fact that the Welfare Officer was off sick for four months.

We are again very grateful to St. John Ambulance Brigade for arranging for escorts to take girls and babies to Homes, which often necessitates their being away for two days, to the W.V.S. and others interested in the work, for layettes, clothing, toys, etc., to the senior women officers of the Employment Exchange and Juvenile Bureau and the manager of the Bush Radio for their help and co-operation in finding employment for our girls.

As formerly, we are indebted to Dr. Barnardo's and the Church of England Children's Society for grants, which make it possible for our girls to keep their babies. Not only do Barnardo's make weekly contributions varying from 2s. 6d. to £1. 2s. 6d. for maintenance but they are always willing to help in exceptional circumstances, such as a girl having to stay at home from work and look after her child when the grandmother, who has been acting as foster mother, is taken ill. Also if the girl stays at home from work on account of illness, such as appendicitis, a grant is made. In a similar instance a girl was given a special grant for five weeks.

They also make a holiday grant of 10s. a week for two weeks to any child for whom a grant is made, if the mother is taking it away on holiday.

We continue to administer quite a large sum through the office in respect of Barnardo's and Church of England Children's Society and allotments made by putative fathers.

The Club continued to be a popular and useful feature of our work. Many interesting talks have been given and a film shown. During the past months there has been one talk each month by a special representative on Local Government. We are most grateful to the ladies and gentlemen who have given these talks and also to those who have taken the chair on such occasions. Educational visits have been made and much appreciated by members and we are grateful to those who made them possible. A feature of the Club which appears to appeal to the girls, is that during the evening they can discuss their problems with the Welfare Officer and unless there is a special event or talk, most of the evening is devoted to this.

An enjoyable Christmas Party was held at Beaumont Hut for the girls and their children. About 100 attended. There was a Punch and Judy Show, a concert given by juvenile entertainers, and a One-Act play by members of the Club, produced by Miss D. Susman. Afterwards toys were distributed from the Christmas Tree.

Health Visiting.

Health Visiting is a form of social service. All the staff in the Maternity and Child Welfare Department are qualified Health Visitors. They are, therefore, State Registered Nurses, Midwives and have taken the special Health Visitor's training. A considerable number of them are also trained children's and Queen's nurses.

Their duty is the education of the people in healthy living. This work, being preventative, is not spectacular. Although they help and advise the complete family unit from the ante-natal period to old age, their primary duty is with the mothers and young children, and the greatest proportion of their time is devoted to this aspect of the work.

The Health Visiting staff, on December 31st, 1950, consisted of one Superintendent Health Visitor, 19 Health Visitors and 4 T.B. Visitors.

During the year the Health Visitors paid 46,366 home visits (excludes futile visits) and the T.B. Visitors 3,238. Health teaching continued and 153 group talks were given. Fourteen schools each had a course in mothercraft.

There has been good co-operation between the Health Visiting staff and the Hospital Almoners.

There were 17,482 children under five (3,476 under one year) for the Health Visitors to visit. The average case load per Health Visitor is 900. This, with all the extra calls on her time for hospital visits, cancer research records, old people and infectious disease visits, is still far too heavy.

Summary of visits paid during the year :—

Births	...	...	...	...	...	3,555
1st year visits	...	...	...	...	...	13,709
1st visits, 1-5 years	...	...	...	...	...	2,540
Re-visits, 1-5 years	...	...	...	...	...	23,720
1st ante-natal visits	...	...	...	...	...	870
Re-ante-natal visits	...	...	...	...	...	549
Visits re infectious diseases	...	...	...	...	...	229
After-care, hospital cases	...	...	...	...	...	67
After-care, doctors' cases	...	...	...	...	...	57
Special visits	...	...	...	...	...	1,070
Futile visits	...	...	...	...	...	8,205
						<hr/> 54,571 <hr/>

The 229 visits in connection with infectious diseases are made up as follows :—

Ophthalmia neonatorum	...	...	...	...	4
Discharging eyes	...	...	...	...	6
Whooping cough	...	...	...	...	1
Chicken pox	...	...	...	...	8
Enteritis	...	...	...	...	163
Pneumonia	...	...	...	...	1
Poliomyelitis	...	...	...	...	40
Cerebral spinal meningitis	...	...	...	...	3
Food poisoning	...	...	...	...	3
					<hr/> 229 <hr/>

CHILD WELFARE CENTRES

	<i>Beacon Park.</i>	<i>Beaumont Hut.</i>	<i>Crownhill.</i>	<i>Devonport Park.</i>	<i>Efford.</i>	<i>Honicknowle.</i>	<i>Laira</i>	<i>Peverell.</i>	<i>St. Budeaux.</i>	<i>Town Hall.</i>	<i>Totals.</i>
No. of sessions held ...	140	254	52	103	102	68	13	51	102	51	936
No. of babies entered on register ...	487 (314 1st)	1236 (757 1st)	229 (132 1st)	427 (306 1st)	199 (117 1st)	215 (103 1st)	30 (11 1st)	277 (161 1st)	402 (254 1st)	259 (179 1st)	3761 (2334 1st)
No. of children entered on register ...	346 (71 1st)	767 (124 1st)	241 (54 1st)	257 (88 1st)	220 (32 1st)	206 (29 1st)	24 (5 1st)	174 (22 1st)	420 (65 1st)	166 (34 1st)	2821 (524 1st)
Total ...	833 (385 1st)	2003 (881 1st)	470 (186 1st)	684 (394 1st)	419 (149 1st)	421 (132 1st)	54 (16 1st)	451 (183 1st)	822 (319 1st)	425 (213 1st)	6582 (2858 1st)
No. remaining on register on 31.12.49 :											
Babies ...	296	622	210	245	81	96	29	139	206	151	2075
Children ...	484	1277	195	423	308	304	25	272	570	256	4114
Total ...	780	1899	405	668	389	400	54	411	776	407	6189
No. of babies weighed and mothers advised ...	3956	9800	2030	3441	1438	1640	104	2831	3030	1837	30107
No. of children weighed and mothers advised ...	1803	3628	850	981	814	923	49	967	1505	552	12172
Total ...	5759	13428	2880	4422	2252	2563	153	3798	4535	2489	42279
Doctors' consultations ...	1421	4311	689	1846	845	714	86	738	1847	856	13353
Average attendances per session ...	41.1	52.9	55.4	42.9	22.1	37.7	11.8	74.5	44.5	48.8	45.2
Diphtheria Immunisation: No. of 1st attendances No. re-attendances ...	210 465	417 942	108 233	223 426	102 229	108 225	3 2	— —	202 495	106 189	1479 3206

Health talks given by :—(a) Superintendent Health Visitor ... 85
 (b) Health Visitors ... 68
 Attendances at clinics by :—(a) Health Visitors ... 3704
 (b) S.R.Ns. ... 1663

Child Welfare Centres. We started the year with seventeen child welfare sessions and ended it with nineteen.

A new Centre at Pike Road, Laira, was opened on the 5th of October, providing one child welfare, one ante-natal and one diphtheria immunisation session weekly.

From 5th January, 1950, an additional child welfare session was held at Efford Centre.

An additional child welfare session started at Honicknowle on 4th January, 1950, was discontinued on 24th May, 1950.

With the fall in the birth rate as one contributory factor, first attendances of children under one year were 263 less than in 1949, and the over-all average attendance at centres fell by seven per session.

See table 33a for a summary of work done.

The Beacon Park crèche was open on Friday afternoons throughout the year.

No. of sessions	...	...	...	...	...	40
Total attendances	...	...	...	...	...	464
Average attendance per session	...	...	...	...	...	11.6

Breast Feeding Clinic. From the beginning of January, a morning and afternoon session at Beaumont Hut Centre has been devoted every Friday to problems associated with breast feeding. A Health Visitor is present all day, and a Medical Officer attends the morning session.

Tuition in preparation for breast feeding is normally given by our midwives, and at our ante-natal clinics. When, however, difficulties do arise during the first few weeks of actual feeding, it is essential that immediate and skilled advice should be available, and that advice can sometimes only be given after skilled observation at a clinic such as this, where mother and baby can be watched all day if necessary.

In the beginning the work was limited to mothers attending Beaumont Hut Centre, but was later extended to mothers attending other centres or referred by general practitioners. The clinic is now open to any Plymouth mother who needs help either in preparation for breast feeding or after it has begun.

Observation Play Circle. With 71 children making 684 attendances, the Play Circle has had a busy year. We are very grateful to Mrs. Hamley and her assistants for this work, which is entirely voluntary and most useful.

Ultra-Violet Light Clinics. Many children have benefited in health from a course of ultra-violet light treatment at Stonehouse and St. Budeaux Centres.

			<i>Stonehouse.</i>	<i>St. Budeaux.</i>
No. of sessions	...	...	103	101
1st attendances	...	...	181	272
Transfers from 1949	...	...	95	46
Re-attendances	...	...	3,000	4,788
Average attendance	...	...	31.8	50.5

Ante-Natal. The number of weekly sessions increased from 17 to 18 on the 5th October, 1950, when Laira Centre opened.

Over 100 fewer primiparae and 100 fewer multiparae came up for the first time, as compared with the previous year.

No. of expectant mothers who attended municipal ante-natal clinics during the year	3,064
Average attendance per session during the year ...	12.9
No. confined in 1950	2,304*
No. aborted in 1950	51
No. of the above confined in Freedom Fields Hospital	474
No. confined at Flete	421
No. confined T.T.N.A. District Midwife ...	19
No. confined Alexandra Maternity Home ...	657
No. confined Municipal Midwife	730
No. left Plymouth	103

* Includes 31 stillbirths.

Character of labour in 2,304 confinements :—

Spontaneous	2,129
Instrumental	91
Caesarean	39
Induction	41
Bimanual	2
Not known	2

The following abnormalities were found in cases attending for the first time in 1950 :—

1. Contracted pelvis :—	
Minor	29
Major	6
2. Toxaemia	31
3. Syphilis	11
4. Gonorrhoea	1
5. Cardiac diseases	26
6. Respiratory diseases	33
7. Anaemia, marked	37
8. Eclampsia	1

Routine Wassermann tests have been done at our ante-natal clinics since April, 1943, with the following results :—

						<i>No. done.</i>	<i>No. positive.</i>
1943	...	...	...	...	...	825	5
1944	...	...	...	...	...	1,001	16
1945	...	...	...	...	...	774	7
1946	...	...	...	...	...	376	1
1947	...	...	...	...	...	1,109	9
1948	...	...	...	...	...	2,082	20
1949	...	...	...	...	...	1,840	21
1950	...	...	...	...	...	1,498	8

Routine Rh. testing has been done since 1948. Results as follows :—

						<i>No. done.</i>	<i>No. negative.</i>
1948	...	...	...	...	...	1,996	321
1949	...	...	...	...	...	1,840	363
1950	...	...	...	...	...	1,495	344

ANTE-NATAL CENTRES.

	Beacon Park	Beaumont Hut	Crownhill	Devonport Park	Efford	Honick- nowle	Laira	St. Budeaux	Town Hall	Totals
No. of sessions held	100	293	48	100	52	51	11	103	100	858
1st attendances	119 } 199 } 5 }	383 } 484 } 31 }	29 } 62 } 1 }	154 } 206 } 8 }	27 } 82 } - }	12 } 64 } - }	5 } 7 } - }	61 } 178 } 10 }	99 } 177 } 14 }	889 } 1459 } 69 }
Re-attendances	1434	2817	408	993	518	315	23	1011	1071	8590
Post-natal attendances	2	-	-	-	-	-	-	-	2	4
Miscellaneous	1	12	3	-	4	-	3	-	3	3
	-	7	1	-	1	-	-	1	1	31
										11
Total attendances	326	910	95	368	113	76	15	249	300	2452
Average per session	1434	2824	409	993	519	315	23	1012	1075	8604
Consultations	17.6	12.7	10.5	13.6	12.1	7.7	3.4	12.2	13.7	12.9
No. of transfers from 1949	1634	3677	457	1284	625	380	34	1143	1307	10541
	81	185	23	176	35	25	-	61	61	647
Total No. of women attending during 1950	404 } 2 } 1 }	1083 } - } 12 }	115 } - } 3 }	544 } - } - }	144 } - } 4 }	101 } - } - }	12 } - } 3 }	310 } - } - }	351 } 2 } 8 }	3064 } 4 } 31 }

Post-natal.

Midwives' district cases attending our ante-natal clinics are referred for examination six weeks after confinement, either to Freedom Fields Hospital by special appointment, or to St. Budeaux Centre, where a post-natal clinic has been in operation since 5th July, 1950, for the convenience of mothers living at that side of the city.

	<i>St. Budeaux.</i>	<i>Freedom Fields Hospital.</i>
No. of cases referred ...	200	508
No. of first attendances ...	56	98
No. of re-attendances ...	33	20
No. requiring advice or treatment ...	74	49
No. referred to Gynaecologist ...	2	—
Torn or deficient perineum ...	23	17
Cervical tears ...	14	—
Cervical erosions ...	15	32
Cervicitis ...	—	6
Cystocele ...	19	4
Rectocele ...	12	—
Vaginitis ...	3	—
Cyst ...	2	1
Lax vagina ...	24	1
Thrush ...	—	1
Retroversion of uterus ...	24	15
Sub-involuted uterus ...	—	1
Lax abdomen ...	25	12
Poor muscle tone of abdomen ...	5	—
Lax or pendulous breasts ...	14	—
Nodule in breast ...	1	—
Percentage of first attendances ...	28	19.3

**Flete
Maternity
Home.**

Plymouth mothers confined at Flete during 1950	362
Devon County mothers confined at Flete during 1950	207
Cornwall County mothers confined at Flete during 1950 (emergencies)	2
	<hr/>
	571
	<hr/>

Although Plymouth mothers appreciate the pleasant surroundings, etc., at Flete, many find the distance away an obstacle, as visits of relatives cost more and take more time.

Supervision of Midwives.	No. notifying their intention to practise ...	94
	No on register at end of year	94
		<u> </u>

Municipal (including Non-medical Supervisor of Midwives)	19
In private practice	8
T.T.N.A.	26
Alexandra Maternity Home	20
Freedom Fields Hospital	17
Charlton Nursing Home	4
	<u> </u>
	94
	<u> </u>

No. of cases attended by seven private midwives ...	62
(as midwife 12)	
(as maternity nurse 50)	

One midwife had 38 cases, one had 16, one had 3,
one had 2 and the remaining three 1 case each.

Approximately 58.5% of the notified births (district and institutional) were conducted by midwives only. This is 13.4% less than last year and reflects the present trend in midwifery due to the National Health Service.

District cases attended by midwife	1,115
District cases attended by midwife acting as maternity nurse	447
*Institutional cases attended by midwife	1,091
*Institutional cases attended by midwife acting as maternity nurse	1,118
	<u> </u>
	3,771
	<u> </u>

* Includes maternity and nursing homes and hospitals.

Medical Aid was sought by midwives in 356 cases for the following reasons :—

(i) <i>For mother during pregnancy.</i>							
Toxaemia of pregnancy	...	...	...	...	...	2	
Pyelitis ...	...	...	...	...	...	1	
Severe sickness	...	...	...	...	...	1	
Albuminuria ...	...	...	...	...	...	1	
Oedema ...	...	...	...	...	...	1	
Post-maturity	...	...	...	...	...	3	
A.P.H. ...	...	...	...	...	...	15	
Miscarriage ...	...	...	...	...	...	7	
Threatened abortion	...	...	...	...	...	3	
Varicose veins ...	...	...	...	...	...	1	
Twin pregnancy	...	...	...	...	...	2	
Abdominal pain	...	...	...	...	...	5	
Raised blood pressure	...	...	...	...	...	2	
Frequency of micturition	...	...	...	...	...	1	
Painful and swollen legs	...	...	...	...	...	1	
						—	46
(ii) <i>For mother during labour.</i>							
Eclamptic fit ...	...	...	...	...	...	1	
Patient's request	...	...	...	...	...	1	
Foetal distress	...	...	...	...	...	2	
Maternal distress	...	...	...	...	...	1	
Prolonged labour	...	...	...	...	...	46	
Difficult labour	...	...	...	...	...	6	
Breech ...	...	...	...	...	...	3	
Malpresentation	...	...	...	...	...	7	
Uterine inertia	...	...	...	...	...	5	
Premature rupture of membranes	...	...	...	...	...	6	
Adherent placenta	...	...	...	...	...	8	
Ruptured perineum	...	...	...	...	...	129	
Posterior position	...	...	...	...	...	3	
Emergency—B.B.A.	...	...	...	...	...	1	
Premature labour	...	...	...	...	...	5	
Episiotomy ...	...	...	...	...	...	3	
Free loss and severe shock	...	...	...	...	...	1	
						—	228
(iii) <i>For mother during puerperium.</i>							
Post-partum haemorrhage	...	...	...	...	...	10	
Unsatisfactory condition	...	...	...	...	...	8	
Painful breast ...	...	...	...	...	...	2	
Rise of temperature	...	...	...	...	...	13	
Haematoma ...	...	...	...	...	...	1	
Phlebitis ...	...	...	...	...	...	9	
Puerperal pyrexia	...	...	...	...	...	2	
Flushed breast	...	...	...	...	...	4	
Abdominal pain	...	...	...	...	...	1	
						—	50
(iv) <i>For infant.</i>							
Feeble infant ...	...	...	...	...	...	2	
Discharging eyes	...	...	...	...	...	10	
Jaundice ...	...	...	...	...	...	1	
Convulsions	...	...	...	...	...	1	
Unsatisfactory condition	...	...	...	...	...	12	
Accident (scald)	...	...	...	...	...	1	
Prematurity ...	...	...	...	...	...	1	
Malformation of anus	...	...	...	...	...	1	
Atelectasis ...	...	...	...	...	...	1	
Abnormality of cord	...	...	...	...	...	1	
? Pneumonia ...	...	...	...	...	...	1	
						—	32
							356

Other notifications received from midwives under Central Midwives Board Rules :—

Notification of artificial feeding	...	...	...	234
Notification of stillbirth	...	...	...	18
Notification of death	...	...	...	4
Notification of having laid out a dead body	...	...	...	9
Notification of liability to be a source of infection	...	...	...	3

Domiciliary Midwifery Service. The total number of confinements attended by Municipal Midwives was 1,090, 99 fewer than in 1949.

The municipal staff at the end of the year consisted of eighteen midwives and one non-medical supervisor.

All municipal midwives are qualified to give gas and air analgesia.

Summary of work done :—

No. of cases attended :—				
Midwife only	...	...	...	601
Midwife with doctor under Maternity Medical Service :				
as midwife	...	...	...	300
as midwife with doctor	...	...	...	189
			—	489
				1,090

Number of cases booked	...	...	...	1,254
Number of Gas and Air administrations—				
As maternity nurse	...	...	...	250
As midwife	...	...	...	345
				595
Number of emergency deliveries	...	...	...	7
Number of emergency deliveries transferred to Flete	...	...	...	1
Number of emergency deliveries transferred to Freedom Fields Hospital	...	...	...	1
Number of booked miscarriages	...	...	...	6
Number of emergency miscarriages	...	...	...	2
Number of patients transferred to Hospital for confinement	...	...	...	21
No. of patients transferred to Hospital after confinement	...	...	...	9
No. of patients transferred to Royal Eye Infirmary	...	...	...	4
Number of ante-natal visits paid	...	...	...	8,230
Number of ante-natal clinic visits	...	...	...	613
Number of babies who were—				
(a) entirely breast fed during first two weeks	...	...	...	863
(b) partly breast fed during first two weeks	...	...	...	97
(c) artificially fed during first two weeks	...	...	...	129
				1,089
Accouchement sets issued during the year	...	...	...	1,175

Three Towns Nursing Association.

Number of midwives provided	...	...	...	5
Number of midwives qualified to give Gas and Air Analgesia	...	...	...	5
Number of cases attended :—				
Midwife only	...	...	202	} 410
Midwife with doctor	...	...	208	
Number of bookings	...	...	...	448
Number of Gas and Air administrations	...	...	...	275
Number of emergency deliveries	...	...	...	7
Number of booked miscarriages	...	...	...	12
Number of emergency miscarriages	...	...	...	20
Number of cases transferred to Hospital for confinement	...	...	...	15
Number of cases transferred to Hospital after confinement	...	...	...	5
Number of ante-natal visits paid	...	...	...	2,948
Number of babies who were—				
(a) entirely breast fed during first two weeks	...	...	360	} 407
(b) partly breast fed during first two weeks	...	...	13	
(c) artificially fed during first two weeks	...	...	34	
Accouchement sets issued during the year	...	...	...	414

The following table shows the incidence of forceps deliveries among doctors' booked cases, compared with midwives' cases :—

	<i>Doctors' booked cases.</i>	<i>Midwives' booked cases.</i>
Municipal midwifery	6.3%	4.8%
Three Towns Nursing Association	10.1%	3.5%

Fees paid to Doctors. A total of one hundred and eighty accounts were dealt with under Section 14 of the Midwives Act, 1918, the amount payable being £653. 7s. 11d. This is £300 less than in 1949.

Maternity and Nursing Homes. Plymouth has now only two registered nursing homes, one of which admits medical, surgical and maternity patients, and the other chronic cases only.

Routine visits of inspection were paid to both.

Maternal Mortality. The method hitherto used for reckoning maternal mortality has this year been altered to include deaths which may have taken place many years after the last confinement.

On the old reckoning, two deaths would be accounted to Plymouth, giving a maternal mortality rate of 0.55 per 1,000 births. On the new reckoning a further two deaths are included which occurred many years after the last pregnancy, and the rate then becomes 1.1 per 1,000 births.

There were no deaths following abortions and no inward transfers.

TOTAL PUERPERAL MORTALITY.

Year	ENGLAND AND WALES		PLYMOUTH	
	Per 1,000 total births		Per 1,000 total births	
	Including abortions	Excluding abortions	Including abortions	Excluding abortions
1941	2.76	2.23	2.10	1.26
1942	2.17	1.01	3.44	3.09
1943	2.29	1.84	3.6	2.7
1944	1.93	1.53	2.79	2.24
1945	1.79	1.44	4.32	3.56
1946	1.43	1.24	1.36	1.36
1947	1.17	1.01	0.65	0.65
1948	1.02	0.86	0.48	0.48
1949	0.98	0.82	1.29	1.03
1950	0.86	0.72	0.55	0.55

Puerperal Pyrexia. Total notifications, 15. Belonging to Plymouth, 14.

Rate per 1,000 total births, 3.88 (England and Wales, 5.81).

Year	No. of cases notified
1940	59
1941	39
1942	29
1943	41
1944	49
1945	36
1946	77
1947	37
1948	35
1949	27
1950	15

PLACE OF CONFINEMENT.							
Own home	...	...	...	...	...	...	6
Freedom Fields Hospital	...	...	...	...	...	...	5
Alexandra Maternity Home	...	...	...	...	...	...	4
							<hr/> 15
WHERE TREATED.							
Own home	...	...	...	...	...	...	4
Freedom Fields Hospital	...	...	...	...	...	...	6
Alexandra Maternity Home	...	...	...	...	...	...	4
Isolation Hospital	...	...	...	...	...	...	1
							<hr/> 15
PARITY.							
Primip	...	...	...	...	...	...	1
Multip	...	...	...	...	...	...	14
							<hr/> 15
CAUSE OF PYREXIA.							
Mastitis	...	...	...	...	...	...	2
Pyelitis	...	...	...	...	...	...	2
Uterine sepsis	...	...	...	...	...	...	7
Septicaemia	...	...	...	...	...	...	1
P.U.O.	...	...	...	...	...	...	3
							<hr/> 15

Mothers' Advice Centre. A session has been held by a voluntary organisation every Tuesday evening at Beaumont Centre. The Honorary Secretary reports that the work is still steadily going ahead.

It is now eighteen years since this clinic was started in Plymouth.

No. of clinics held	...	...	...	...	...	51
New cases (sent by Health Authority, 37)	...	...	...	...	...	418
No. of return visits	...	...	...	...	...	1410
Seen by Doctor	...	...	...	...	...	560

Day Nursery. Nelson Gardens Day Nursery :—

	0-2 years. 2-5 years.	
Accommodation	...	...
No. of children admitted during the year	12	35
No. of children discharged during the year	12	24
Average daily attendance during the year	8	36
(excluding Saturday mornings)	...	...
No. of children on register at end of year	4.9	26.5
	4	26

It is with the greatest regret that we record the untimely death of Miss U. Row, who had so ably superintended this nursery for five years. All who were privileged to work with her cherish her memory and the present successful and happy organisation in this nursery remains as a living tribute to her zeal, efficiency and selfless devotion to duty.

**Nursery
Students.**

Since the course started in 1946, 70 students have entered for training. Of these, 39 have completed the course, sat their examination, and 37 have received the certificate of the National Nursery Examination Board.

Twenty-three students are in training at present; 9 will be sitting their examination in October, 1951.

Eight students failed to complete the course. Of these 1 went to Australia and married, 2 went into Hospital for General training and 5 took up other work.

Of the students who finished the course, 11 are married, 13 are in hospital for General training, 12, including 4 of those married, are in staff posts, 4 are in private posts and 1 is at the School for the deaf.

We still continue to receive more applications than we have vacancies for and so can be selective in our choice of students. This undoubtedly is one reason for our high proportion of examination successes, but a great deal of praise is due to the steady interest and hard work of the students and their love of the children.

DENTAL CARE

EXPECTANT AND NURSING MOTHERS AND YOUNG CHILDREN

Serious attempts to continue the scheme for the Dental Treatment of Nursing and Expectant Mothers and Young Children have been made, and on the whole these efforts have been successful. No extension of the scheme has been possible owing to the shortage of Dental Staff.

At the commencement of the year there were in the combined School and Public Health Dental Service four full-time and one part-time Dental Officers. One resigned in July to enter General Practice, and the Senior Dental Officer accepted an appointment under the South-Western Regional Hospital Board in August. Attempts to fill either of these vacancies were not successful until December, when one full-time Assistant Dental Officer was appointed. Unfortunately, one part-time Dental Officer reported sick in November and had not returned to duty by the end of the year. Since the transfer of the Senior Dental Officer to the Hospital Board he has continued to devote three sessions per week to Mothers and Young Children.

Until August both mothers and young children were treated at the Public Health Clinic, and only children at the five School Clinics situated in various parts of the City. Since August treatment has been available at all the Clinics for both mothers and children. Few mothers have taken advantage of this arrangement.

The demand for treatment by the Local Authority's Dental Officers has decreased since the introduction of the National Health Service Act. Many mothers undoubtedly prefer, and find it more convenient, to receive treatment from a general practitioner near their home, now that it can be obtained free of cost.

Facilities for X-rays are available at the Public Health Clinic. Intra-oral films are taken by the Dental Officer, and larger films, when required, by the radiographer of the Chest Clinic, which is housed in the same building. Dentures and other prosthetic appliances are processed in the Authority's Dental Laboratory, which also undertakes work for the Hospital Board. Dental fracture splints, obturators and radium appliances are included in this work. General Anæsthetics are administered by a Specialist Anæsthetist, by arrangement with the Hospital Board.

In spite of the shortage of staff, all the Clinics have been kept open on a part-time basis. A detailed time-table was circulated to the Maternity and Child Welfare Clinics, Health Visitors, etc., but, in spite of this, it is known that mothers and children attend the Clinics at other than the stated times, and the faint-hearted do not call again.

Probably, on account of this, it has been possible to provide treatment for all those who have presented themselves within a reasonable time.

Working in two different Clinics, sometimes on the same day, is far from satisfactory, and praise is due to the Assistant Dental Officers for their loyal co-operation in this very difficult year.

DENTAL TREATMENT OF EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER FIVE YEARS.

1950

	<i>Examined</i>	<i>Needing Treatment</i>	<i>Treated</i>	<i>Made Dentally Fit</i>
Expectant and Nursing Mothers 	321	286	286	208
Children under Five ...	627	432	420	350

	<i>Anaesthetics</i>		<i>Fillings</i>	<i>Scalings or Scaling and Gum Treatment</i>	<i>Silver Nitrate Treatment</i>	<i>Dressings</i>	<i>Radiographs</i>	<i>Dentures Provided</i>	
	<i>Local</i>	<i>General</i>						<i>Complete</i>	<i>Partial</i>
Expectant and Nursing Mothers	90	88	370	119	11	53	37	39	47
Children under Five Years ...	10	320	191	2	58	34	3	—	—

Sanitary Circumstances of the Area.

REPORT OF THE CHIEF SANITARY INSPECTOR,

MR. C. E. SANDERSON.

WATER SUPPLY.

Rainfall.

The summer of 1950 was very wet and consequently it was not necessary to impose any restrictions on the use of water. The rainfall for the first six months of the year on the catchment area was about normal, and war time emergency powers were used to suspend the paying of compensation water and to abstract water from Sheepstor brook for 33 days.

In December 1949, the practice of sending for examination samples of drinking water to the Local Hospital Laboratory and check samples once per month to the Public Health Laboratory, Exeter, was discontinued in favour of submitting the whole of the samples to the Exeter Laboratory. This practice was continued throughout the year and during 1950, 273 samples of water were examined with the following results :—

<i>Source</i>	<i>Total No. of Samples</i>	<i>B. Coli present in 100 ml.</i>	<i>B. Coli absent in 100 ml.</i>
From City Mains ...	252	114 (108 non faecal)	138
From Wells and Springs	2	1 (non faecal)	1
From City Mains in neighbouring areas ...	19	11 (6 non faecal)	8
GRAND TOTALS ...	273	126 (115 non faecal)	147

Sterilization. The main supply has been treated with an average dose of 0.9 p.p.m. of chlorine gas and .05 p.p.m. of ammonia.

The Yelverton supply has been treated with 0.5 to 1.0 p.p.m. of chlorine by the automatic addition of “conchlor” and with soda ash to correct the pH.

Chemical Analysis. Eight samples of water were submitted for chemical analysis. The following table gives a summary of the results of these, the figures representing parts per 100,000 :—

CHEMICAL ANALYSIS OF WATER DURING 1950 (parts per 100,000)				
	March	July	September	December
Temporary Hardness ...	0.9	1.1	1.1	1.5
Permanent Hardness ...	2.3	1.3	0.6	1.8
Total Hardness ...	3.2	2.4	1.7	3.3
Chlorides as Chlorine ...	1.1	1.2	1.1	1.0
Ammonia, saline ...	0.0030	0.0006	Nil	Nil
Ammonia, albuminoid ...	0.0010	0.0010	0.0010	0.0044
Nitrates as nitrogen ...	Nil	Nil	Nil	Nil
Nitrites as nitrogen ...	Nil	Nil	Nil	Nil
Oxygen (absorbed 4 hrs. at 27°C.)	0.11	0.075	0.20	0.12
Metals (zinc, copper and lead) ...	Nil	Nil	Nil	Nil
pH value ...	6.8	7.0	7.0	6.7

Plumbo-solvency.

6 to 8 cwts. of lime per day have been added to the water to reduce the tendency to plumbo-solvency.

I am indebted to the City Water Engineer for part of the foregoing information.

SWIMMING POOLS.

Routine inspections of the City's swimming pools as well as visits for the purpose of taking samples of water for bacteriological examination are made weekly. The results of the samples showed an improvement in the condition of the water when compared with samples taken in 1949.

The installation of pumps and direct injector gas chlorinators at the Mount Wise Baths unfortunately did not take place until the end of October, when the bathing season had closed. It has, therefore, not been possible to test the efficiency of the installation under normal conditions.

RESULTS OF BACTERIOLOGICAL EXAMINATION OF SAMPLES OF WATER OBTAINED FROM BATHING POOLS IN THE CITY DURING 1950

<i>Source</i>	<i>B. Coli present in 100 ml.</i>	<i>B. Coli absent in 100 ml.</i>
Tinside Bathing Pool	14 Samples (70%) (All non faecal)	6 Samples (30%)
Mount Wise Ladies' Bathing Pool	4 Samples (21%) (All non faecal)	15 Samples (79%)
Mount Wise Men's Bathing Pool	2 Samples (11.8%) (All non faecal)	15 Samples (88.2%)
Plymouth College Bathing Pool	6 Samples (75%) (All non faecal)	2 Samples (25%)
Mount Wise Infants' Paddling Pool	2 Samples (25%) (All non faecal)	6 Samples (75%)

SEWAGE DISPOSAL.

For the following information, I am indebted to the City Engineer.

During the year the Ernesettle Sewage Works were put into commission and the small works taken over from Plympton at Budshead abandoned. The new works will deal with flows from the Ernesettle, Woodlands and Whitleigh Estates and later, when the scheme is extended, will take the foul drainage from areas as far north as Roborough, including Tamerton Foliot.

The extension of the Camels Head Sewage works is now in hand, the work being carried out by direct labour at an estimated cost of £157,000. These works, when completed, will be capable of treating the added flows now being received due to intensive development of estates within the drainage area. The completed works will use, for power purposes, the gas generated in the purification process.

SANITARY INSPECTION OF THE AREA.

Complaints Received.

During the year 1,778 complaints of nuisances and housing defects were received.

Although nearly 10 years have elapsed since the majority of war damage was done to house properties, there are still many properties against which there are outstanding war damage claims, and protracted negotiations continue to cause delay in having necessary works effected.

The practice of dumping waste material on war-damaged sites has increased, and these accumulations are often a source of nuisance to nearby residents. In the majority of these cases the offenders cannot be traced and the owners become responsible for abating the nuisances. Continued neglect of severely war-damaged properties and the sites of cleared properties can cause a menace to public health and increase considerably expenditure associated with this aspect of war damage.

Premises Inspected.

Details of inspections of various premises made during the year, together with the action taken following these inspections, are shown in the table adjoining this page.

Prosecutions.

During the year it was necessary to issue 40 summonses for non-compliance with Abatement Notices. In 26 cases there was no necessity for the Magistrates to make Nuisance Orders, the service of the summons being sufficient to cause the owner to have necessary works carried out. Nuisance Orders, however, were necessary in 11 cases, of which 6 were complied with ; in two cases fines of 5/- and 10/- were imposed by the Magistrates, and one case was dismissed.

As 5 Nuisance Orders made by the Court were not complied with the cases were referred back to the Magistrates, and fines were imposed upon the owners. The maximum fine inflicted was £5, and the minimum £1. In one instance, in addition to the fine, a warning was given that unless the Order was complied with, a daily penalty would be imposed.

Rodent Control.

The number of complaints of rats and mice infestation received during the year was 436.

The total number of inspections made by sanitary inspectors in connection with infestations was 3,600, of which 2,650 were in respect of private dwelling houses, and 950 in respect of business premises.

912 private dwelling houses were found to be infested with rats or mice, and by the end of the year the infestations had been eliminated from 815 premises. With reference to premises other than private houses, rodent infestation was revealed in 260 cases, and by the end of the year treatment had been successful in 209 instances.

Of the total number of premises infested, 58% were troubled with rats and 42% with mice. Of those properties infested with rats, 18% had estimated rat populations of over twenty rats.

The owners and occupiers of properties co-operated readily with the Local Authority in any works of rat destruction and proofing which had to be undertaken.

PREMISES INSPECTED The following table shows the number of inspections of various premises carried out during the year together with the number of Notices served.

Premises Inspected	Inspections or Visits	Intimation Notices served or Improvements required	Intimation Notices complied with or Improvements effected	Statutory Notices served during the year	Statutory Notices complied with during the year
Houses inspected (Public Health and Housing Acts) ...	5191	1990	—	—	—
Houses re-inspected (Public Health and Housing Acts) ...	18051	121	1812	472	505
No. of premises (other than houses) inspected for nuisances ...	215	30	22	—	—
No. of owners or contractors interviewed ...	1234	—	—	—	—
No. of houses visited <i>re</i> contacts of infectious diseases ...	65	—	—	—	—
No. of houses visited <i>re</i> notifiable diseases ...	508	—	—	—	—
No. of houses visited <i>re</i> other diseases ...	5	—	—	—	—
Accumulations ...	151	36	40	2	1
Butchers ...	767	48	39	3	—
Cinemas and Amusement places ...	39	4	3	—	—
Common Lodging Houses ...	32	—	—	—	—
Cowsheds ...	5	—	1	—	—
Dairies and Milkshops ...	916	17	3	—	—
Fresh Fish Shops and Carts ...	61	7	5	—	—
Fried Fish and Chip Shops ...	195	6	6	—	—
Fruit and Vegetable Shops ...	9	2	1	—	—
Food Vehicles ...	130	8	6	—	—
Ice Cream premises ...	851	7	2	—	—
Knacker's Yards ...	10	—	—	—	—
Markets ...	2	—	—	—	—
Milk Vehicles ...	100	—	—	—	—
Nursing Homes ...	5	—	—	—	—
Offensive Trades ...	8	1	—	—	—
Offices ...	13	3	2	1	1
Outworkers ...	185	1	—	—	—
Premises to examine foodstuffs ...	1800	—	—	—	—
Provision shops ...	753	59	43	7	7
Public Conveniences ...	785	144	132	—	—
Public Houses ...	506	51	59	1	1
Restaurants and other Food Preparation Premises ...	1128	195	146	—	—
Schools ...	238	11	7	—	—
Shops (under Shops Act) ...	289	31	—	—	—
Shops (re-inspections) ...	329	5	23	1	1
Slaughter houses ...	2611	—	—	—	—
Smoke observations ...	28	1	—	—	—
Stables ...	7	1	1	—	—
Swimming baths ...	52	—	—	—	—
Tents, Vans, Sheds, etc. ...	40	3	3	—	—
Tips ...	5	—	1	—	—
Houses inspected for rat infestation ...	1041	912	—	—	—
Houses re-inspected for rat infestation ...	1609	23	815	—	—
Premises other than houses inspected for rat infestation ...	465	260	—	—	—
Premises other than houses re-inspected for rat infestation ...	485	4	209	—	—
Rent Investigations ...	20	—	—	—	—
Miscellaneous ...	3032	66	62	4	—
Water Courses ...	36	—	—	—	—

Factories. Details of the sanitary inspection of factories under the Factories Act, 1937, are given in the following tables :—

1. Inspections :—

	<i>Number of</i>		
	<i>Inspections</i>	<i>Written Notices</i>	<i>Occupiers prosecuted</i>
Factories with mechanical power	762	72	—
Factories without mechanical power	120	22	—

2. Defects found :—

	<i>Number of defects</i>			<i>No. of defects in respect of which prosecutions were instituted</i>
	<i>Found</i>	<i>Remedied</i>	<i>Referred to H.M. Inspector</i>	
Want of cleanliness ...	18	15	1	—
Overcrowding	—	—	—	—
Unreasonable temperature	—	—	—	—
Inadequate ventilation ...	2	2	—	—
Ineffective drainage of floors	—	—	—	—
Sanitary Conveniences—				
insufficient	5	3	—	—
unsuitable or defective ...	52	32	—	—
not separate for sexes ...	—	—	—	—
Other offences	14	8	2	—

HOUSING.

1. INSPECTION OF DWELLING-HOUSES DURING THE YEAR :—

(1)	(a)	Total number of dwelling-houses inspected for defects (under Public Health and Housing Acts)	5191
	(b)	Number of inspections made for the purpose ...	18051
(2)	(a)	Number of dwelling-houses (included in sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 and 1932 ...	69
	(b)	Number of inspections made for the purpose ...	787
(3)		Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	26
(4)		Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation ...	1990

2. REMEDY OF DEFECTS DURING THE YEAR WITHOUT SERVICE OF FORMAL NOTICES :—

		Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their Officers	1812
--	--	--	------

3. ACTION UNDER STATUTORY POWERS DURING THE YEAR :—

(a) Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936 :

(1)		Number of dwelling-houses in respect of which notices were served requiring repairs	42
(2)		Number of dwelling-houses in which defects were remedied after service of formal notices :	
	(a)	By owners	64
	(b)	By Local Authority in default of owners ...	7

(b) Proceedings under Public Health Acts :

(1)		Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	472
(2)		Number of dwelling-houses in which defects were remedied after service of formal notices :	
	(a)	By owners	505
	(b)	By Local Authority in default of owners ...	Nil

(c) Proceedings under Sections 11 and 13 of the Housing Act, 1936 :

(1)		Number of dwelling-houses in respect of which Demolition Orders were made	17
(2)		Number of dwelling-houses demolished in pursuance of Demolition Orders	21

(d) Proceedings under Section 12 of the Housing Act, 1936 :		
(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made	... ..	9
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or rooms having been rendered fit	... ..	6
(3) Number of Undertakings not to use unfit houses accepted	... ..	4
4. HOUSING ACT, 1936. PART IV—OVERCROWDING :—		
(a) (1) Number of dwellings overcrowded at the end of the year		506
(2) Number of families dwelling therein	... ..	625
(3) Number of persons dwelling therein	... ..	2,810
(b) Number of new cases of overcrowding during the year		415
(c) (1) Number of cases of overcrowding relieved during the year	... ..	163
(2) Number of persons concerned in such cases	... ..	798

Reconstruction Areas. During the year, surveys of certain reconstruction areas were carried out with a view to the making of Declaration of Unfitness Orders in respect of those houses unfit for human habitation.

As a result of these inspections and following a Local Inquiry held by the Ministry of Health, Orders were made in respect of 9 houses.

Furnished Houses (Rent Control) Act, 1946. During the year, 18 references were made by the Health Department to the Rent Tribunal regarding the charging of excessive rents for furnished lettings. Five of the references were in respect of one-room dwellings, eleven were in connection with two-room tenancies, and two related to three-room dwellings.

In three cases, the premises were vacated and circumstances considerably changed between the times of the references and the hearings by the Rent Tribunal, and it was necessary to withdraw the references. The Rent Tribunal made reductions in eleven cases.

Details of the references heard by the Tribunal are given in the following table :—

<i>No. of rooms in tenancy</i>	<i>Rent charged (Weekly unless otherwise stated)</i>	<i>Rent fixed by Tribunal</i>	<i>Amount of Reduction (Weekly unless otherwise stated)</i>
2	£2. 10. 0.	£2. 0. 0.	10/—
2	£2. 2. 0.	£1. 7. 6.	14/6
3 and scullery	£9. 0. 0. per month	£6. 10. 0. per month	£2. 10. 0. (monthly)
2	£1. 8. 0.	£1. 0. 0.	8/—
1	£1. 0. 0.	Rental approved	—
2 and scullery	£1. 7. 0.	£1. 5. 0.	2/—
1	£1. 4. 0.	£1. 2. 0.	2/—
1	15. 0.	Rental approved	—
2	£1. 2. 0.	£1. 0. 0.	2/—
2	£1. 5. 0.	£1. 2. 6.	2/6
* 2	£2. 0. 0.	£1. 17. 6.	2/6
* 1	£1. 10. 0.	£1. 7. 6.	2/6
* 1 and kitchen	£1. 15. 0.	Rental approved	—
* 2	£1. 6. 0.	£1. 4. 0.	2/—
* 2	£1. 6. 0.	Rental approved	—

* Includes cost of electricity.

INSPECTION AND SUPERVISION OF FOOD

Bacteriological Examination of Milk. 562 samples of milk were taken for bacteriological examination (Methylene Blue Test). Of these 547 gave satisfactory results, but the remaining 15 failed the test. All persons concerned in the production, treatment and distribution of the milk giving unsatisfactory results were advised on the need for greater care in their dealings with the milk in order to ensure a satisfactory standard of cleanliness. Subsequent samples revealed that the necessary improvements had been achieved.

The following table shows the number of samples of various designations of milk submitted to the Methylene Blue Test, and the results :—

METHYLENE BLUE TEST.

<i>Description of Milk</i>	<i>Total No. of Samples</i>	<i>Satis- factory</i>	<i>Unsatis- factory</i>
Tuberculin Tested (Farm Bottled)	117	114	3
Tuberculin Tested	48	48	Nil
Pasteurised	397	385	12
TOTALS	562	547	15

Examination of Milk for Tubercle Bacilli. 120 samples of milk (93 ungraded, 13 tuberculin tested, 4 accredited and 10 pasteurised) were examined biologically for the presence of Tubercle Bacilli. Two of the samples (both from ungraded herds) were returned positive and the Veterinary Officer of the Ministry of Agriculture visited the farms concerned. At one farm all the samples taken by the Veterinary Officer were returned negative and no cow could be found to account for the initial positive sample. A repeat sample from the milk supply of this farm taken later on in the year was also returned negative. At the second farm the Veterinary Officer found a cow affected with tubercular mastitis. This cow was removed from the herd and slaughtered. Samples of milk taken from the remaining cows in the herd were found to be negative. Until the offending cow had been removed from the herd, the milk from this farm was pasteurised before being sold to the public.

The milk from approximately 1,528 cows has been examined for the presence of Tubercle Bacilli, and out of this number one cow was found to be suffering from tuberculosis of the udder.

Phosphatase Test. 372 samples of pasteurised milk were obtained and submitted to the phosphatase test for checking the efficiency of the pasteurising process. 370 samples gave satisfactory results, the remaining 2 being unsatisfactory. In each of these cases the cause of inadequate pasteurisation was traced and rectified.

Turbidity Test. 41 samples of sterilised milk were submitted to the Turbidity Test and all were found to be satisfactory.

Licences under the Milk (Special Designations) Orders, 1949. The following table shows the number of licences to use the various designations applied to milk issued during the year. Two firms who formerly pasteurised milk by the "Holder Process" changed over to the High Temperature Short Time Process. There is now only one firm pasteurising milk by the "Holder" method.

<i>Description of Licence</i> ...							<i>No. Issued</i>
Pasteuriser's Licence (Holder Process)	...	...	...	...	...	...	1
Pasteuriser's Licences (High Temperature Short Time Process)	...	...	...	...	...	...	3
Dealer's "Tuberculin Tested" Licences	...	...	...	...	...	...	26
Dealer's "Pasteurised" Licences	...	...	...	...	...	...	13
Steriliser's Licence	...	...	...	...	...	...	1
Dealer's "Sterilised" Licences	...	...	...	...	...	...	245
TOTAL	...	...	...	...	...	...	289

Chemical Analysis of Milk. 119 samples of raw milk, 53 samples of pasteurised milk and 3 samples of sterilised milk were obtained for analysis. 165 of these were found to be genuine and 10 (all raw milk) were adulterated. Of these 10 unsatisfactory samples, 1 contained added water and 9 were deficient in fat. Proceedings were instituted in regard to the sample of milk containing added water and the vendor was fined £5. Letters of caution were sent to the vendors of the samples of milk which were found to be deficient in fat.

During the year, in following up samples of milk below or just on the standard, 17 “Appeal to Cow” samples were taken from six farms, with the results indicated in the following table :—

No. of Sample	Initital Samples			“Appeal to Cow”	
	Non-fatty solids %	Milk- fat %	Milking Period	Non-fatty solids %	Milk- fat %
1	8.54	2.76	Morning	8.62	2.79
				9.05	2.91
				9.14	3.20
2	9.32	2.91	Morning	9.45	2.92
3	9.06	2.55	Morning	8.90	2.99
4	8.78	2.64		8.79	3.08
5	8.77	2.73		8.76	3.11
6	8.73	2.91		8.92	3.23
7	7.31	3.23	Morning	9.02	3.73
				8.89	3.39
				8.97	3.82
				8.64	3.81
8	8.84	2.94	Morning	8.79	3.71
9	8.90	2.73		8.79	3.22
				8.93	2.42
10	9.00	3.00	Evening	8.75	4.15
				8.80	4.30

Ice Cream. One application for registration of premises for the manufacture for sale of ice cream was received during the year, 14 for the sale of loose ice cream and 85 for the sale of pre-packed ice cream. After the necessary inspections of the premises, registration was approved in all cases.

At the end of the year there was a total of 37 premises registered for the manufacture of ice cream, 123 for the sale of loose ice cream and 300 for the sale of pre-packed ice cream.

**Chemical
Analysis of
Ice Cream.**

During the year 11 samples of ice cream, all from local manufacturers, were taken and submitted to chemical analysis. The results are given in the following table. There was an improvement in the percentage of total fat, butter fat and non-fatty milk solids, but it will be seen that in nine samples the percentage of the non-fatty milk solids was below the standard ($7\frac{1}{2}$) now laid down in the Food Standards (Ice Cream) Order of 1951.

TABLE OF CHEMICAL QUALITY OF ICE CREAM.

<i>Sample No.</i>	<i>Total Fat %</i>	<i>Sample No.</i>	<i>Butter Fat %</i>	<i>Sample No.</i>	<i>Non-Fatty Milk Solids %</i>	<i>Sample No.</i>	<i>Total Non-Fatty Solids %</i>
5	12.3	9	3.5	7	9.5	10	28.76
11	11.74	7	3.5	9	9.0	11	28.76
9	11.00	10	2.79	11	6.35	5	27.10
7	10.00	11	2.60	10	6.25	6	24.70
6	9.60	1	2.00	1	6.00	4	24.20
1	8.95	4	1.60	4	4.00	1	23.60
2	7.96	3	1.50	3	3.80	2	22.80
4	6.53	6	1.40	6	3.50	8	21.60
3	4.64	5	1.00	2	3.50	3	21.46
10	2.79	2	1.00	5	2.60	7	21.10
8	1.70	8	1.00	8	2.60	9	20.30
Average	7.93	Average	1.99	Average	5.20	Average	24.03

**Bacteriological
Examination of
Samples of
Ice Cream.**

During the year 150 samples of ice cream were submitted to the form of Methylene Blue Test suggested by the Ministry of Health. The table following gives the results of these tests.

FOOD AND DRUGS.

Adulteration. The various samples of food and drugs submitted for analysis during the year are classified in the following table, together with the number of the various articles which were found to be adulterated :—

<i>Informal Samples</i>	<i>Genuine</i>	<i>Adulterated</i>
Aspirin Tablets	9	—
Baker's Fondant	1	—
Butter	14	—
Baking Powder	5	—
Biscuit Dessert	1	—
Cooking Fat	12	—
Coffee	5	—
Coffee Extract	2	—
Cocoa	5	—
Camphorated Oil	4	—
Castor Oil	5	—
Cod Liver Oil	4	—
Cheese	13	—
Cordials	12	—
Condensed M.S. Milk	4	—
Condensed F.C. Milk	8	—
Custard Powder	5	—
Coffee and Chicory	8	—
Colouring	2	—
Candied Peel	5	—
Dried Herbs	4	—
Dandelion Coffee Essence	1	—
Epsom Salts	5	—
Flour	2	—
Flavourings	4	—
Gin	1	—
Glycerine	6	—
Ground Spice	7	—
Gelatine	6	—
Goat's Milk	1	—
Ground Almonds	4	—
Honey	4	—
Ice Cream	11	—
Jam	12	—
Lard	—	1
Luncheon Meat	1	—
Malt Vinegar	8	—
Mincemeat	3	—
Malt Extract	4	—
Marmalade	12	—
Margarine	13	—
Meat and Fish Paste	12	—
Mustard	3	—
Meat and Veg. Extract	8	—
Milk	1	—
Olive Oil	6	—
Ox Tongue	1	—
Peatex	1	—
Pepper	5	—
Pickle	—	1
Rum	2	—
Sausages	12	1
Sugar	14	—
Soups (Tinned)	13	—
Self Raising Flour	6	—
Saccharin Tablets	12	—
Sauce	6	—
Saffron	5	—
Salad Cream	5	—
Shredded Suet	4	—
Synthetic Cream	1	—
Tinned Peas	5	—
Table Jelly	10	—
Tincture of Iodine	5	—
Whisky	1	—
Zinc Ointment	5	—
OFFICIAL SAMPLES		
Milk	108	10
Pasteurised Milk	53	—
Sterilised Milk	3	—
TOTALS	540	13

<i>Grade</i>	<i>Time taken to reduce Methylene blue</i>	<i>Hot Mix</i>	<i>Cold Mix</i>	<i>Totals</i>
1	4½ hours or more	133	12	145
2	2½ to 4 hours	2	1	3
3	½ to 2 hours	2	Nil	2
4	Less than ½ hour	Nil	Nil	Nil
	TOTALS	137	13	150

Of the 137 samples of “ Hot Mix ” 55 were “ pre-packed ”, all of which were placed in Grade 1.

All the 13 samples of “ Cold Mix ” were loose samples.

**Inspection of
Meat and
Slaughter-
Houses.**

There are four private slaughter-houses in use in the City, and these were visited on 2,610 occasions during the year.

Also 1,189 visits were made to food factories and butchers' shops.

**Carcases
Inspected and
Condemned.**

The total number of carcasses inspected at the Meat Market and in the private slaughter houses and food factories during the year was 158,485 which was made up as follows :—

Bovines	...	...	...	...	...	...	14,049
Calves	...	...	...	...	...	...	9,777
Sheep and Lambs	...	...	...	...	...	...	125,671
Pigs	...	...	...	...	...	...	8,988

The total weight of meat and offal condemned during the year from animals killed inside and outside the City was 418 tons 11 cwts. 0 qrs. 11 lbs. This amount was made up as follows :—

	<i>Cattle excluding Cows.</i>	<i>Cows.</i>	<i>Calves.</i>	<i>Sheep and Lambs.</i>	<i>Pigs.</i>
Number killed	5348	3749	3028	17739	65
Number inspected	14049		9777	125671	8988
<i>All diseases except Tuberculosis.</i>					
Whole carcasses condemned	125		63	135	24
Carcasses of which some part or organ was condemned	5988		172	2275	122
Percentage of the number in- spected affected with disease other than Tuberculosis	63.3		1.7	9.5	1.4
<i>Tuberculosis only</i> Whole carcasses condemned	207		3	1	26
Carcasses of which some part or organ was condemned	1802		—	—	461
Percentage of the number inspected affected with Tuberculosis	15.4		—	—	5.4

Food and Drug Samples Reported Not Genuine.

<i>Article</i>			<i>Nature of Adulteration</i>			<i>Action taken</i>		
Milk	...	...	14%	added water	...	Vendor fined £5		
„	...	...	8%	deficient in fat	...	Letter of caution		
„	...	...	3%	„ „ „	...	„	„	„
„	...	...	15%	„ „ „	...	„	„	„
„	...	...	12%	„ „ „	...	„	„	„
„	...	...	9%	„ „ „	...	„	„	„
„	...	...	3%	„ „ „	...	„	„	„
„	...	...	6%	„ „ „	...	„	„	„
„	...	...	2%	„ „ „	...	„	„	„
„	...	...	9%	„ „ „	...	„	„	„
Pork Sausages	...	...	19%	deficient in meat	...	Informal samples		
Lard	...	...	Consisted of Cooking fat			„	„	„
Pickle	...	...	Contained 125 parts per million of zinc.			Letter of caution		

Unsound Foodstuffs.

food :—

The following summary indicates the quantity of foodstuffs examined and found to be unfit for

TINNED GOODS.						<i>Tons</i>	<i>cwts.</i>	<i>qrs.</i>	<i>lbs.</i>
Meat	...	...	...	...	...	1	12	1	5
Fish	...	...	...	...	...	2	1	3	25
Milk	...	...	...	...	...	—	11	1	15
Soup	...	...	...	...	...	—	4	3	22
Fruit	...	...	...	...	...	2	6	—	—
Vegetables	...	...	...	...	...	5	12	—	5
Jam and Marmalade	...	...	...	...	...	—	6	3	14
Various	...	...	...	...	...	2	—	1	22

PROVISIONS.						<i>Tons</i>	<i>cwts.</i>	<i>qrs.</i>	<i>lbs.</i>
Fresh Vegetables	...	...	...	...	...	—	8	2	22
Fresh Fruit	...	...	...	...	...	2	—	2	8
Bottled Fruit	...	...	...	...	...	—	—	—	17
Dried Fruit	...	...	...	...	...	1	9	1	10
Flour	...	...	...	...	...	1	5	2	25
Oats and Cereals	...	...	...	...	...	—	9	1	6
Biscuits	...	...	...	...	...	—	—	3	23
Jam and Marmalade	...	...	...	...	...	—	3	—	11
Sugar	...	...	...	...	...	—	9	3	2
Sweets and Chocolates	...	...	...	...	...	—	10	—	17
Cocoa	...	...	...	...	...	—	—	2	3
Coffee	...	...	...	...	...	—	—	—	16
Tea	...	...	...	...	...	—	—	3	14
Fats	...	...	...	...	...	—	1	1	13
Cheese	...	...	...	...	...	—	2	—	12
Rice	...	...	...	...	...	—	1	2	14
Poultry	...	...	...	...	...	—	4	3	22
Rabbits	...	...	...	...	...	1	6	1	21
Various	...	...	...	...	...	2	10	3	13

MEAT PRODUCTS.

					<i>Tons</i>	<i>cwts.</i>	<i>qrs.</i>	<i>lbs.</i>
Pork Griskins	...	...	...	—	5	1	—	—
Pig wraps	...	...	...	—	3	1	6	—
Pork trimmings	...	...	...	—	2	1	4	—
Pork meat	...	...	...	—	—	—	3	—
Sausages and sausage meat	...	...	...	—	1	3	10	—
Bacon	...	...	...	—	7	2	6	—
Chitterlings	...	...	...	6	—	1	8	—
Pie Meat	...	...	...	—	1	3	16	—
Pressed Beef	...	...	...	—	—	1	24	—
Jellied Veal	...	...	...	—	—	1	10	—
Lamb Brains	...	...	...	—	2	—	8	—

Fish Inspection.

The following summary indicates the quantity of fish and shell fish examined during the year and the quantity found to be unfit for food :—

					<i>Tons</i>	<i>cwts.</i>	<i>qrs.</i>	<i>lbs.</i>
Quantity of fish inspected	...	...	2391	2	—	—	—	—
Quantity of mixed fish found to be unfit for human food	...	...	32	16	3	—	—	—
Quantity of smoked fish found to be unfit for human food	...	...	—	16	1	—	—	—
Quantity of shell fish found to be unfit for human food	...	...	—	5	—	—	—	—

1567 other varieties.

Inspection of Other Food Premises.

During the year, several cases of contamination of foodstuffs were brought to the notice of the Department, some of which indicated that insufficient care was being taken in the preparation, storage and handling of the food. Visits were made to those premises situated within the City boundary and the proprietors cautioned as to the need for greater care being exercised. In three instances the food preparation premises were outside the area of the Plymouth City Council and in these cases, in addition to warning letters being sent by the Department, the Chief Sanitary Inspectors of those areas in which the premises were situated were also notified. The results of the investigations made by these officials were subsequently communicated to this Department.

In the case of a butcher's shop, where sausages were prepared and where conditions were found to be unsatisfactory, the proprietor was interviewed by the Health Committee with a view to the cancellation of the registration of his premises for the manufacture of sausages. After careful consideration, the occupier was informed that unless a suitable standard of cleanliness was maintained in the future, it would be necessary to cancel his registration.

In addition, legal proceedings were taken in two instances against occupiers of food premises. One concerned an ice cream factory and store, the occupier of which was summoned for failing to keep the premises clean and allowing them to become infested with rats. Altogether ten summonses were taken out, in respect of all of which convictions were obtained, and the defendant was fined a total of £60.

In the other case, proceedings were taken against a cafe proprietor in respect of offences under Section 13 of the Food and Drugs Act, relating to the dirty condition of his cafe and kitchen, and further, in respect of offences under the Byelaws relating to the handling, wrapping and delivery of food ; these latter offences were in connection with the dirty condition of the gas stove and other kitchen equipment. The defendant was fined a total of £35 and the Court also awarded £2. 2s. 0d. advocate's fee. This was the first prosecution taken in this City under these new Byelaws which came into operation on the 15th August, 1950. The aim of these Byelaws is to secure the observance of sanitary and cleanly conditions and practices in connection with the handling, wrapping and delivery of food sold or intended for sale for human consumption, and in connection with the sale or exposure for sale in the open air of food intended for human consumption ; they give a greater measure of control over foodstuffs being sold in the open air and also places a greater responsibility for ensuring clean food production on the actual food handler.

In the early part of the year routine inspections of butchers' shops revealed that certain butchers were using galvanised iron tanks for pickling meat products. A sample of pickle obtained from such a tank was analysed and found to contain not less than 125 parts per million of zinc, which is more than can be tolerated in any articles used for the preparation or production of food. The

butchers concerned were advised, and discontinued the use of galvanised tanks for pickling purposes. A letter was also sent to the Secretary of the Master Butchers' Association regarding the matter, who passed to his members the advice contained in the letter.

**Clean Food
Campaign.**

With a view to bringing home, both to the public in general and to food handlers, the importance of the highest standard of cleanliness being maintained in food production, certain steps have been taken by the Department during the year. In April, a film entitled "Another Case of Poisoning" was shown at the principal cinemas in the City. This film depicts a food poisoning victim in hospital in conversation with his doctor, and shows in flash-back the many ways in which the malady may have been contracted.

Advisory leaflets on hygiene in the production and handling of foodstuffs have been sent individually to food handlers in the City, whose names and addresses have been obtained through the willing co-operation of the managements.

The question of the washing of glasses in Public Houses has been taken up with the Breweries having licensed premises within Plymouth, and it is hoped that the coming year will see an improvement in the methods used.

Towards the end of the year, with the approval of the Director of Education, letters were sent to the Head Teachers of all the schools within the City boundary, drawing attention to the increase in the incidence of food poisoning and the importance of training school children in hygiene. It was felt that a useful purpose would be served if the importance of hand washing could be brought to the children's notice, and the co-operation of the Head Teacher was sought in displaying suitable notices in the sanitary conveniences in the schools.

Infectious Diseases

The following pages give tables showing the occurrence of Infectious Diseases in 1950 with observations on certain of the diseases and a note by Dr. D. F. Johnstone on Plymouth cases admitted to the Isolation Hospital, Beacon Park.

Incidence. Table 3 on page 69 shows the numbers of cases of infectious diseases notified to the Health Department during 1950 with comparative figures for the previous four years. In all the tables, where the original diagnosis has subsequently been amended to another disease, the notification has been corrected accordingly.

Table 1 on page 68a shows the number of notifications received during 1950 for each disease, classified by age groups and showing the percentage notified in each age group of the total for each disease.

Table 2 on page 68b shows the quarterly and sex incidence of Infectious Diseases during 1950.

Table 4 on page 69 shows the "attack rate" (i.e. the number of cases per 1,000 of the population) of the commoner notifiable diseases for 1950, with the comparative rates for (a) England and Wales, (b) 126 County Boroughs and Great Towns, and (c) Plymouth for 1949 and 1948.

Mortality. Table 5 on page 70 gives the number of deaths due to Diphtheria, Scarlet Fever, Measles and Whooping Cough in Plymouth for the years 1922-1950 inclusive. This table also shows the death rates for these diseases per 1,000 of the population for the City and the comparative rates for England and Wales.

Hospital Admissions and Deaths. Table 6 on page 71 shows the number of Plymouth residents admitted to the Isolation Hospital by reason of Infectious Disease and the deaths of Plymouth residents occurring in that Hospital.

TABLE 1.
INFECTIOUS DISEASES NOTIFIED 1950—BY AGE GROUPS.

	Under 1 Year.		1-2 Years		2-3 Years		3-4 Years.		4-5 Years.		5-10 Years.		10-15 Years.		15-20 Years.		20-25 Years.		25-35 Years.		35-45 Years.		45-65 Years.		65 Years and Over.		Total All Ages.		
	No.	% of Total.	No.	% of Total.	No.	% of Total.	No.	% of Total.	No.	% of Total.	No.	% of Total.	No.	% of Total.	No.	% of Total.	No.	% of Total.	No.	% of Total.	No.	% of Total.	No.	% of Total.	No.	% of Total.			
Diphtheria	—	—	1	4.00	3	12.00	2	8.00	3	12.00	4	16.00	1	4.00	4	16.00	3	12.00	1	4.00	2	8.00	1	4.00	—	—	25		
Dysentery	—	—	—	—	2	100.00	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2		
Erysipelas	—	—	—	—	—	—	—	—	—	—	—	—	1	1.64	2	3.28	—	—	3	4.92	7	11.47	33	54.09	15	24.60	61		
Food Poisoning	—	—	—	—	—	—	—	—	1	2.09	1	2.09	1	2.09	3	6.25	5	10.41	1	2.09	4	8.32	15	31.25	17	35.41	48		
Gastro-Enteritis (under 2 years) ...	85	60.72	55	39.28	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	140		
Measles	15	5.55	25	9.26	24	8.89	44	16.29	40	14.82	116	42.97	2	.74	1	.37	1	.37	—	—	—	—	—	—	1	.37	1	.37	270
Meningococcal Infections	1	20.00	1	20.00	—	—	—	—	1	20.00	1	20.00	1	20.00	—	—	—	—	—	—	—	—	—	—	—	—	5		
Ophthalmia Neonatorum	5	100.00	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5		
Pneumonia	21	11.51	10	5.40	5	2.80	4	2.20	2	1.10	26	14.28	8	4.41	11	6.05	4	2.20	14	7.70	12	6.62	34	18.69	31	17.04	182		
Polomyelitis and Polioencephalitis	2	6.45	3	9.70	4	12.90	1	3.22	4	12.90	9	29.02	3	9.70	1	3.22	2	6.45	1	3.22	1	3.22	—	—	—	—	31		
Puerperal Pyrexia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	13.34	3	20.00	8	53.32	1	6.67	1	6.67	—	—	15		
Scarlet Fever	2	.46	15	3.40	17	3.86	57	12.95	69	15.68	244	55.46	22	5.00	5	1.14	3	.68	3	.68	2	.46	1	.23	—	—	440		
Typhoid	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	100.00	—	—	—	—	—	—	1		
Whooping Cough	72	9.70	104	14.01	99	13.32	114	15.36	111	14.96	232	31.26	3	.41	—	—	1	.14	2	.28	2	.28	1	.14	1	.14	742		
TOTALS	203	10.32	214	10.88	154	7.82	222	11.29	231	11.75	633	32.18	42	2.14	29	1.47	22	1.12	34	1.72	31	1.58	87	4.43	65	3.30	1967		

TABLE 2.
QUARTERLY INCIDENCE OF INFECTIOUS DISEASES—PLYMOUTH—1950

	JANUARY TO MARCH			APRIL TO JUNE			JULY TO SEPTEMBER			OCTOBER TO DECEMBER			TOTALS FOR YEAR		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Diphtheria	—	—	—	3	7	10	1	1	2	5	8	13	9	16	25
Dysentery	1	—	1	—	—	—	1	—	1	—	—	—	2	—	2
Erysipelas	5	13	18	2	7	9	3	12	15	11	8	19	21	40	61
Food Poisoning	16	9	25	2	1	3	6	11	17	1	2	3	25	23	48
Gastro-Enteritis (under 2 years)	19	18	37	33	18	51	14	12	26	15	11	26	81	59	140
Measles	1	4	5	8	19	27	23	25	48	91	99	190	123	147	270
Meningococcal Infections ...	—	1	1	1	—	1	—	—	—	—	3	3	1	4	5
Ophthalmia Neonatorum ...	2	—	2	—	1	1	—	—	—	1	1	2	3	2	5
Pneumonia	55	43	98	21	7	28	15	4	19	17	20	37	108	74	182
Poliomyelitis	1	—	1	—	—	—	3	4	7	10	13	23	14	17	31
Puerperal Pyrexia	—	5	5	—	2	2	—	6	6	—	2	2	—	15	15
Scarlet Fever	34	39	73	30	38	68	32	35	67	110	122	232	206	234	440
Typhoid	—	—	—	—	1	1	—	—	—	—	—	—	—	1	1
Whooping Cough	34	38	72	117	93	210	80	106	186	120	154	274	351	391	742
TOTALS	168	170	338	217	194	411	178	216	394	381	443	824	944	1023	1967

TABLE 3.

CASES NOTIFIED IN THE CITY DURING THE PAST FIVE YEARS.

<i>Disease</i>	1950	1949	1948	1947	1946
Diphtheria	25	29	51	49	68
Dysentery	2	3	—	3	6
Erysipelas	61	57	59	39	58
Food Poisoning	48	8	4	6	4
Gastro-Enteritis (under 2)	140	89	81	162	34
Measles	270	2812	1581	2552	216
Meningococcal Infections*	5	1	1	12	8
Ophthalmia Neonatorum	5	6	5	17	21
Paratyphoid	—	—	—	3	—
Pneumonia	182	216	161	186	185
Poliomyelitis and Polioencephalitis ...	31	20	3	8	1
Puerperal Pyrexia ...	15	27	35	37	77
Scarlet Fever	440	170	209	145	228
Smallpox	—	—	—	—	1
Typhoid	1	—	1†	—	1†
Whooping Cough ...	742	615	1020	443	342

* Previous to 1950 this infection was referred to as Cerebro-Spinal Fever.

† Service Case (Imported).

TABLE 4.

“ ATTACK RATES ” FOR THE CITY, COMPARED WITH ENGLAND AND WALES AND OTHER AREAS.

<i>Disease</i>	<i>Plymouth</i> 1950	<i>England</i> <i>and</i> <i>Wales,</i> 1950	<i>126 County</i> <i>Boroughs</i> <i>and</i> <i>Great</i> <i>Towns</i> <i>(inc.</i> <i>London)</i> 1950	<i>Plymouth</i> 1949	<i>Plymouth</i> 1948
Acute Poliomyelitis (including polioencephalitis)					
Paralytic	0.11	0.13	0.12	} 0.10	} 0.01
Non-Paralytic ...	0.04	0.05	0.05		
Diphtheria	0.12	0.02	0.03	0.15	0.27
Erysipelas	0.29	0.17	0.19	0.29	0.31
Food Poisoning	0.23	0.17	0.16	0.04	0.02
Measles	1.29	8.39	8.76	14.73	8.37
Meningococcal Infection	0.02	0.03	0.03	0.00	0.00
Paratyphoid Fever	—	0.01	0.01	—	—
Pneumonia	0.87	0.70	0.77	1.13	0.85
Scarlet Fever	2.11	1.50	1.56	0.89	1.11
Smallpox	—	0.00	0.00	—	—
Typhoid	0.00	0.00	0.00	—	—
Whooping Cough ...	3.55	3.60	3.97	3.23	5.39

TABLE 5.
MORTALITY FROM CERTAIN INFECTIOUS DISEASES, 1921-1949.
PLYMOUTH COMPARED WITH ENGLAND AND WALES.
PER 1,000 POPULATION.

YEAR.	Diphtheria.		Measles.		Scarlet Fever.		Whooping Cough.	
	PLYMOUTH	England and Wales Death Rate.	PLYMOUTH	England and Wales Death Rate.	PLYMOUTH	England and Wales Death Rate.	PLYMOUTH	England and Wales Death Rate.
	No. of Deaths.	Death Rate.	No. of Deaths.	Death Rate.	No. of Deaths.	Death Rate.	No. of Deaths.	Death Rate.
1921-1930 Average ...	20	.10	21	.10	3	.01	14	.07
1931-1940 Average ...	29	.14	8	.03	2	.00	10	.04
1941 ...	28	.18	12	.08	—	—	11	.07
1942 ...	16	.12	1	.00	—	—	2	.01
1943 ...	10	.07	8	.06	—	—	8	.06
1944 ...	4	.02	1	.00	—	—	1	.00
1945 ...	6	.03	1	.00	—	—	3	.01
1946 ...	2	.01	1	.00	—	—	4	.02
1947 ...	2	.01	9	.05	—	—	2	.01
1948 ...	1	.00	—	—	—	—	2	.01
1949 ...	1	.00	1	.00	—	—	5	.03
1950 ...	—	—	—	.00	—	—	3	.01

NOTES.—A dash indicates that there were no deaths from that disease in that year.

TABLE 6.

ISOLATION HOSPITAL, PLYMOUTH.
 ADMISSIONS—PLYMOUTH RESIDENTS—1950
 NOTIFIABLE (INFECTIOUS) DISEASES ONLY.

					<i>Admitted.</i>	<i>Confirmed.</i>
Diphtheria	...	...	...	...	63	24
Dysentery	...	...	...	...	2	—
Erysipelas	...	...	...	...	12	8
Enterics	...	...	...	...	1	1
Gastro-Enteritis (under 2 years)	...	...	...	...	48	32
Measles	...	...	...	...	9	5
Meningococcal Infections	...	...	...	...	13	4
Pneumonia	...	...	...	...	47	38
Poliomyelitis	...	...	...	...	41	29
Scarlet Fever	...	...	...	...	134	122
Whooping Cough	...	...	...	...	29	26

DEATHS—PLYMOUTH RESIDENTS 1950.

Acute Anterior Poliomyelitis	...	...	...	...	1
Broncho-pneumonia	...	...	...	...	3
Gastro-Enteritis	...	...	...	...	1
Laryngeal spasms due to Tetany due to Rickets	...	...	...	...	1
Pneumococcal Meningitis	...	...	...	...	1
Polioencephalitis	...	...	...	...	3
Pulmonary Tuberculosis	...	...	...	...	1
Salmonellae Poisoning	...	...	...	...	1
Tuberculous Meningitis	...	...	...	...	3
Tuberculous Peritonitis (acute)	...	...	...	...	1
Uraemia : Chronic Nephritis	...	...	...	...	1
Whooping Cough	...	...	...	...	1
Whooping Cough and Broncho-pneumonia	...	...	...	...	2

GENERAL OBSERVATIONS.

Notifications of Infectious Diseases fell from 4,033 in 1949 to 1,966 in 1950, mainly owing to a low incidence of measles. The number of cases requiring admission to the Isolation Hospital rose from 350 in 1949 to 574.

Measles. As expected, 1950 was a year of low incidence in Plymouth, only 270 cases being notified. There were no deaths.

Scarlet Fever. 440 cases were notified, more than twice the average of recent years. 84% of the cases occurred in children between the ages of 3 years and 10 years ; nearly all cases were mild and no deaths occurred.

Whooping Cough. 742 cases were notified, 67% of these being under 5 years of age and 31% in the age group 5-10 years. There were 3 deaths in babies aged 3, 4, and 7 months.

Diphtheria. A further small reduction in the number of confirmed cases of diphtheria was recorded, from 29 in 1949 to 25 in 1950. For the first time on record there were no deaths from this disease within the year. Of the 29 cases, 14 were children below 15 years of age and 11 were in the age group 15-65.

Poliomyelitis and Polio encephalitis. 31 cases of these diseases were confirmed in 1950 (22 with some paralysis and 9 without paralysis) with 4 deaths. 14 of the cases were in children below 5 years of age, 9 in the age group 5-9 years, 3 in the 10-14 years group, and 5 over 15 years of age. A reference to Table 1 shows the increased incidence of this disease since 1946, though the attack rate in Plymouth is still below that of the country as a whole.

The incidence of poliomyelitis in England and Wales reached its peak in the fourth week of August but up to the end of September, only 4 cases (1 paralytic, 3 non-paralytic) had occurred in Plymouth. During October, 6 cases occurred within a small area in a western suburb, followed later in the month by 4 cases to the north-west of the City. During November, 9 further cases occurred in the northern suburbs after which the outbreak petered out.

Though there seems no doubt that the virus cause of this disease has been identified, the mode of spread is still obscure. For this reason considerable study was given to the outbreak in Plymouth in case there should be any significance in the pattern in which the cases seemed to fall; of a sharp focus of infection occurring rather late in the season followed by a clockwise spread from west to north in the peripheral suburbs of the town.

As is often the case in outbreaks of this disease no common factor which could be considered significant was found linking case to case, not even in the six cases occurring within a few hundred yards of each other. All the houses concerned draw water from the Corporation main supply. This supply is chlorinated and routine tests showed no abnormality. The milk supply was from several different firms (national dried milk in one case) and again routine tests of supplies were satisfactory. No connection was found between cases of school or any other form of close contact, nor did a second case occur in a house. The homes in which cases occurred were generally hygienically satisfactory. There was no connection with other unusual conditions, e.g. travel, excessive strain or immunisation. The main incidence of poliomyelitis was not associated with a particularly high incidence of other illness in the general school or adult population of the City. Other illness in children and adults in fact doubled or trebled in the influenza outbreak of the early weeks of 1951 during which period no cases of poliomyelitis were notified.

Flies or dust have often been indicted as possible carriers of the poliomyelitis virus. It does not, however, seem likely that these nuisances were important factors in the spread of poliomyelitis in Plymouth in 1950 as, though more cases occurred in this year, flies and dust were less prevalent than usual owing to the abnormally cool, wet summer and autumn.

Though study of the circumstances of the cases throughout the year resulted in mainly negative findings it can be said that the inferences to be drawn are in keeping with the generally accepted opinions now held concerning this disease, which go some way towards explaining its apparently unpredictable behaviour. These are that in certain areas at certain periods the virus of poliomyelitis is widely spread in the population. Contact with the virus in most individuals produces no recognisable illness or only trivial symptoms and it appears to be only an unfortunate few out of those exposed to infection, who for some reason not yet known, develop the typical illness going on in some cases to paralysis.

Food Poisoning. 48 cases of food poisoning were notified in 1950, a considerable increase on 1949. Of these 24 cases occurred in an old people's home in an outbreak in the first quarter of the year. This outbreak was probably due to staphylococcal toxin in pork pie. There was no other large outbreak; the remaining cases being individuals, or, in a few cases, two or three in the same family.

The suspected items of food in these cases were : tinned ham (4), veal and ham pie (4), pressed pigs tongue (3), duck eggs (3), fish paste, tinned soup, meat pie, jellied veal, ice cream, and veal, ham, and egg pie (1 each). In most cases there is none of the suspected food available when investigation is made so laboratory proof of infection cannot be sought.

In 5 patients the food poisoning bacillus *S typhi-murium* was isolated including the one case in which death resulted. In one of the cases where duck eggs were suspected, an eggshell was recovered and *S typhi-murium* was found in this and in the patient.

NOTES BY DR. D. F. JOHNSTONE,
PHYSICIAN SUPERINTENDENT,
THE ISOLATION HOSPITAL, PLYMOUTH.

During the year 574 cases were admitted to the Isolation Hospital from the City of Plymouth.

There was a considerable increase in the number of cases of infantile paralysis admitted from within the city, 31 cases being confirmed. Four of these died, eleven were transferred for further

orthopaedic treatment at Mount Gold Hospital, and sixteen were able to go home, having made a good recovery with no or minimal paralysis. The annual incidence of Anterior Poliomyelitis seems to be on the increase and in the view of the writer may well take the place of diphtheria as one of the major epidemic diseases in children and young adults.

Diphtheria remains a mild disease and of 51 admissions from the city only 25 were confirmed. There were three cases only of laryngeal diphtheria but these all recovered without operation. There were no deaths.

142 cases of Scarlet Fever were notified from the city and of these 125 were confirmed. The average stay in hospital was seventeen days. Most cases were discharged in 10-12 days and the increase in the average bed stay was due to the prolonged stay of patients suffering from burns, who are particularly susceptible to this infection.

There were only 3 return cases and the treatment with scarlet fever anti-toxin and penicillin seems very satisfactory. Recently the dosage of the latter drug has been increased in an endeavour to abolish the "return case", although a return case rate of just over 2% is remarkably satisfactory.

During the year 44 cases of Gastro-enteritis were admitted from Plymouth. Only 22 were confirmed. The rest were chiefly cases of feeding mismanagement and several of these cases were re-admitted after they had already once been put on the "right road". A certain number of mothers seem incapable of carrying out intelligent infant feeding and refuse to take advantage of the facilities offered by the City Maternity and Child Welfare Clinics.

In conclusion, infectious diseases of which 574 cases came from Plymouth alone, seem to be re-establishing themselves after a quiet period following the war, and those who have in the past prophesied the end of the fever hospital, now acknowledge that they may have been premature in their views.

Diphtheria
Immunisation. A total of 3,011 completed primary immunisations were performed in 1950 ; 1,437 at Local Authority Clinics, 824 in schools, and 750 by private practitioners. This is a reduction of 350 compared with 1949 and to some extent is due

to a falling birth rate since 1947, and to the suspension of immunisation for two months as a special precaution during the period when poliomyelitis was prevalent in Plymouth.

In addition to the primary inoculations 2,828 children who had been immunised in previous years received re-inforcing injections, an increase of 182 over the 1949 figure.

The aim of the immunisation scheme is to get as many babies as possible—at least 70%—immunised against diphtheria before they attain their first birthday. Immunisations should start about the sixth or seventh month, when the protection inherited from the mother is fading rapidly. This figure has not been attained in Plymouth except in the epidemic year of 1940, and there is some indication from the statistics of a falling-off in the proportion of babies being immunised.

Though 73% of the child population aged 1–15 is at present immunised, only 45.5% of the children born in 1949 had completed their immunisation by the end of 1950, whereas 50% of the children born in 1948 were immunised by the end of 1949. If this trend continues the immunisation state of the child population would soon become unsatisfactory.

It would be deplorable if the present rarity of diphtheria should lead parents to believe that there is no longer any need for immunisation. It is far too early to say that diphtheria has been banished for ever. Our main safeguard is still a highly immunised child population. It should also be remembered that should an epidemic occur, it is not practicable to give unimmunised children immediate protection. A period of about three months is required for effective immunisation to develop after the inoculations have been given.

TABLE A.
IMMUNISATION IN RELATION TO CHILD POPULATION.

Number of Children under 15 at 31st December, 1950, who had completed a course of Immunisation *at any time before that date*, (i.e. at any time since 1st January, 1936.)

Age at 31.12.50, i.e. Born in Year ...	Under 1 1950	1 1949	2 1948	3 1947	4 1946	5 to 9 1941-1945	10 to 14 1936-1940	Total under 15
Number Immunised ...	67	1717	2326	2787	2530	12089	10522	32038
Estimated mid-year child population 1950.	Children under five 18,580					Children 5-14 26,840		45,420

TABLE B.

TO SHOW WORK DONE IN DIPHTHERIA IMMUNISATION IN THE LAST NINETEEN YEARS AND THE TREND OF DIPHTHERIA CASES AND DEATHS IN THE SAME PERIOD.

Year.	Total Births.	Diphtheria. Total of		Primary Diphtheria Immunisations.			Popula- tion.	Attack Rates.
		Cases.	Deaths.	Ages. 0-5.	Ages. 5-15.	Total No. 0-15.		
1931	3427	367	17	1282		1282	191,800	1.77
1932	3251	444	20	1107		1107	208,440	2.13
1933	3232	337	18	972		972	206,200	1.63
1934	3203	376	15	335	363	698	203,450	1.85
1935	3065	481	23	874	1244	2118	203,600	2.36
1936	3061	455	40	662	1104	1766	206,400	2.20
1937	3073	272	17	500	1035	1535	210,460	1.29
1938	3305	357	15	430	707	1137	211,800	1.68
1939	3446	404	25	568	615	1183	215,500	1.87
1940	3295	1361	105	2812	6765	9577	197,800	6.88
1941	2453	348	28	673	1244	1917	149,300	2.33
1942	2817	227	16	2323	1029	3352	127,300	1.78
1943	3144	209	10	1593	1050	2643	136,530	1.53
1944	3477	163	4	1680	535	2215	144,700	1.12
1945	3824	157	6	1701	417	2118	157,580	.99
1946	4272	68	2	2223	928	3151	176,070	.39
1947	4490	49	2	2485	769	3254	181,600	.26
1948	4036	51	1	3326	323	3649	188,940	.27
1949	3769	29	1	2636	725	3361	190,860	.15
1950	3534	25	—	2164	847	3011	208,960	.12

TABLE C.

DIPHTHERIA AMONGST CHILDREN AGED 0-15 YEARS DURING THE
FOUR YEARS 1947-1950.

<i>Year</i>	<i>Cases</i>		<i>Deaths</i>	
	<i>Unprotected</i>	<i>Immunised</i>	<i>Unprotected</i>	<i>Immunised</i>
1947	26	8	1	—
1948	21	7	1	—
1949	8	3	1	—
1950	8	6	—	—
Total for four years	63	24	3	—

1950 CASE INCIDENCE PER 1,000 CHILDREN, 0-15 YEARS OF AGE.

Unprotected population:

0-15 years: 13,382 59

Immunised population:

0-15 years: 32,038 187

Total population:

45,420 308

Immunisation against Whooping Cough. Protective immunisation against Whooping Cough is available at the Immunisation Clinics and, since 5th July, 1948, general practitioners have also co-operated in the Local Health Authority's scheme, being supplied with immunising agents and receiving a fee for the notification of the primary immunisations they perform to the Medical Officer of Health.

The following table shows the numbers who have received protective inoculations since September, 1946 :—

<i>Year of Birth</i>			<i>Protective Inoculations given (primary courses)</i>				
			1946	1947	1948	1949	1950
1934	...	...	—	—	—	—	—
1935	...	...	—	—	—	—	—
1936	...	...	—	1	2	1	—
1937	...	...	—	1	3	1	1
1938	...	...	—	—	5	4	5
1939	...	...	—	1	4	4	3
1940	...	...	—	2	4	6	6
1941	...	...	1	5	5	7	5
1942	...	...	2	13	19	12	5
1943	...	...	1	26	68	36	8
1944	...	...	1	45	109	80	22
1945	...	...	4	80	132	89	42
1946	...	...	2	220	231	122	48
1947	...	...	—	88	875	207	71
1948	...	...	—	—	282	1096	169
1949	...	...	—	—	—	243	1023
1950	...	...	—	—	—	—	57
TOTALS ...			11	483	1739	1908	1465

Many local mothers have reported instances where an immunised child in their family has escaped infection whilst in contact with unprotected children who have contracted the disease. The true value of immunisation in this disease is, however, very difficult to assess locally and the Medical Research Council has for some years been conducting a national enquiry to determine which is the most effective preparation to use for immunisation, and what degree of protection can be relied on. Should the final report of the Council be as favourable as preliminary reports indicate, every effort will be made to increase the number of babies immunised against this distressing and often dangerous disease.

Vaccination against Smallpox. Vaccination against smallpox is available on a voluntary basis without charge at Local Authority Immunisation Clinics or from general practitioners participating in the Local Authority's scheme for the vaccination and immunisation of their patients.

1,691 primary vaccinations and 398 re-vaccinations of all ages were performed in 1950, both showing an increase over 1949.

The vaccinated state of the permanent population is not, however, benefited to the extent suggested by the gross figures, as an unknown but not negligible number of persons vaccinated were vaccinated as a preliminary to emigration.

It is probable that the majority of the 209 persons over the age of 5 years who were primarily vaccinated and most of the 398 re-vaccinated were intending to leave the Country permanently.

VACCINATION TABLE.

<i>Year</i>	<i>Births</i>	<i>Primary vaccinations</i>	<i>Percentage of Children vaccinated</i>	<i>Re-vaccinations</i>
1944	3016	1663	55.14	85
1945	3752	1803	48.05	39
1946	3947	1890	47.88	74
1947	4490	1972	43.92	6
1948	2223	1011	45.48	—
(to 4.7.48)				
1948	1813	322	17.76	69
(from 5.7.48)				
1949	3769	1432	33.68	278
1950	3534	1691	41.93	398

This table shows the numbers of vaccinations and re-vaccinations performed in recent years.

To give an indication of the vaccination state of the child population the number of children below the age of five years receiving a primary vaccination in any one year is shown as a percentage of the birth rate for that year.

Prevention of Illness, Care and After-Care

(A) TUBERCULOSIS

As I stated in my report last year, the problem of tuberculosis is a medico-social one, and from the point of view of the community the most promising line of action is in prevention, which remains the responsibility of the Local Health Authority. Improvement in the social conditions of the population is of prime importance in this matter, in particular housing, feeding, and working conditions. The reduction in the incidence of and mortality from tuberculosis in the first half of the twentieth century is largely due to the improved economic and social conditions of the general population.

Far too many cases are still too long at home awaiting admission to sanatorium or hospital. The Regional Hospital Board is endeavouring to increase the number of beds for pulmonary tuberculosis patients by allotting general hospital beds for the purpose. It is to be hoped that these additional beds will become available very soon.

Examination of contacts. The family of the patient is regarded as the unit, and search for cases is made by the examination at the Dispensary of home contacts of known cases. It is due to the efforts of the health visitors that 1,424 contacts were examined during the year.

Re-housing of Tuberculous Families.	Total number of tuberculous families re-					
	commended for rehousing during 1950 ...					145
	Total number of tuberculous families re-					
	housed during 1950					36
Total number of tuberculous families awaiting rehousing at						
	31st December, 1950					117

B.C.G. Vaccination. The Local Health Authority in June, 1950, commenced B.C.G. vaccination of contacts of known cases, and in the report of the Chest Physician (*see below*) details are given of this work.

Rehabilitation. The Disabled Persons Corporation was given responsibility under the Disabled Persons (Employment) Act, 1944, for helping to resettle in industry persons who through disability are unable to resume their former employment. Remploy Factories have been set up in certain parts of the country for the employment of tuberculous patients under special conditions. The establishment of such a factory in Plymouth is under consideration at present, and it is very much to be hoped that it will be realised.

Mass Miniature Radiography. The Plymouth and District Mass Radiography Unit of the South-West Regional Board commenced to operate early in the year, and in the sessions allocated to Plymouth the chests of 12,623 persons living or employed in Plymouth were X-rayed.

The general principle in the employment of such units is that they are most efficiently used in the systematic examination of homogeneous groups rather than in calling for volunteers at random from the whole population. The persons X-rayed in Plymouth are therefore mainly employees of the Dockyards, large firms and older school children.

The unit also gives valued co-operation in the Annual X-ray examination of nurses and other Corporation employees who are in close regular contact with children and in the examination of expectant mothers referred from ante-natal clinics.

The results of the examinations, which are shown in the following table do not differ widely from the average results for the whole country. The results of the examinations of school children are shown in the section of this report dealing with the School Health Service.

	<i>Male.</i>	<i>Female.</i>	<i>Total.</i>	<i>Percentage.</i>
Total number of persons examined	8365	4258	12623	—
Recalled for full sized films ...	273	169	442	3.5
Recalled for clinical examination	88	72	160	1.3

Incidence of Disease.	Total.	Per thousand.
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A. PULMONARY TUBERCULOSIS.

1. Newly discovered significant cases	...	95	7.5
(a) Treatment cases	44	3.5
(b) Observation cases	... ..	51	4
2. Previously diagnosed	... ..	31	
3. Requiring no action	... ..	77	

B. OTHER CONDITIONS.

Pleural thickening	... ..	21	
Pulmonary Fibrosis	... ..	14	
Cardio Vascular Lesion	... ..	9	
Bronchiectasis	... ..	8	
Chronic Bronchitis	... ..	7	
Bony abnormality	... ..	6	
Silicosis	... ..	4	
Under observation, not yet diagnosed	...	4	
Pneumonia	... ..	2	
Emphysema	... ..	2	
Intrathoracic New Growth	... ..	2	
Abnormality of diaphragm	... ..	1	
Pleural Effusion	... ..	1	

AGE AND SEX DISTRIBUTION OF ALL SIGNIFICANT CASES
OF PULMONARY TUBERCULOSIS

(Gp. 1 above)

	<i>Under 15</i>	15-24	25-34	35-44	45-59	<i>60 and over</i>
M.	4	13	12	2	13	2
F.	3	32	8	3	3	—

Action under
Legal
Enactment.

It was unnecessary during the year to take action under the Public Health (Prevention of Tuberculosis) Regulations, 1925, relating to tuberculous employees in the milk trade, nor was Section 172 of the Public Health Act, 1936, employed to remove any patient compulsorily to hospital.

NOTIFICATIONS AND DEATHS FROM TUBERCULOSIS—1914–1950

and Attack Rate and Mortality per 1,000 population.

YEAR	PULMONARY TUBERCULOSIS				NON-PULMONARY TUBERCULOSIS				TUBERCULOSIS (ALL FORMS)			
	New Cases	Attack Rate	Deaths	Mortality	New Cases	Attack Rate	Deaths	Mortality	New Cases	Attack Rate	Deaths	Mortality
1914	370	1.74	262	1.23	131	.62	80	.37	501	2.36	342	1.60
1915	322	1.71	236	1.26	88	.47	84	.45	410	2.18	320	1.71
1916	376	2.04	254	1.37	166	.90	65	.35	542	2.94	319	1.72
1917	364	20.3	243	1.25	103	.57	89	.49	467	2.60	332	1.74
1918	417	2.32	300	1.67	130	.72	89	.49	547	3.04	389	2.16
Average 1914–1918	369	1.97	259	1.35	123	.65	81	.43	493	2.62	340	1.78
1919	266	1.46	231	1.27	74	.41	73	.40	340	1.87	304	1.67
1920	189	1.00	195	1.03	40	.21	46	.24	229	1.21	241	1.27
1921	370	1.85	208	1.04	117	.59	42	.21	487	2.44	250	1.25
1922	395	1.97	218	1.09	92	.46	48	.24	487	2.43	266	1.33
1923	346	1.79	202	1.04	119	.61	44	.23	465	2.40	246	1.27
Average 1919–1923	313	1.61	211	1.09	88	.45	50	.26	401	2.07	261	1.36
1924	294	1.52	209	1.08	92	.48	43	.22	386	2.00	252	1.30
1925	389	1.97	179	0.91	103	.52	44	.22	492	2.49	223	1.13
1926	443	2.36	177	0.95	116	.62	34	.18	559	2.98	211	1.13
1927	358	1.91	182	0.97	115	.61	31	.16	473	2.52	213	1.13
1928	325	1.73	159	0.85	111	.59	32	.17	436	2.32	191	1.02
Average 1924–1928	361	1.89	181	0.95	107	.56	36	.19	469	2.46	218	1.14
1929	300	1.51	166	0.84	78	.39	24	.12	378	1.90	190	0.96
1930	252	1.27	167	0.84	76	.38	33	.17	328	1.65	200	1.01
1931	320	1.67	157	0.69	62	.32	38	.20	382	1.99	195	0.89
1932	273	1.31	162	0.78	70	.33	31	.15	343	1.64	193	0.93
1933	253	1.22	178	0.86	58	.28	24	.12	311	1.50	202	0.98
Average 1929–1933	279	1.39	166	0.90	69	.34	30	.15	348	1.73	196	0.95
1934	246	1.21	167	0.82	63	.31	35	.17	309	1.52	202	0.99
1935	217	1.07	114	0.56	54	.26	30	.15	271	1.33	144	0.71
1936	204	0.98	125	0.60	51	.25	27	.13	255	1.23	152	0.73
1937	225	1.07	147	0.70	52	.25	15	.07	277	1.32	162	0.77
1938	209	0.98	135	0.64	42	.20	27	.13	251	1.18	162	0.77
Average 1934–1938	220	1.06	137	0.66	52	.25	27	.13	272	1.31	164	0.79
1939	194	0.90	138	0.64	51	.24	25	.12	245	1.14	163	0.76
1940	192	0.97	163	0.83	62	.31	25	.13	254	1.28	188	0.96
1941	194	1.30	141	0.94	42	.28	22	.15	236	1.58	163	1.09
1942	243	1.89	121	0.95	57	.44	30	.23	300	2.33	151	1.18
1943	240	1.76	126	0.92	56	.41	28	.20	296	2.17	154	1.12
Average 1939–1943	212	1.36	137	0.85	53	.33	26	.16	266	1.70	164	1.02
1944	233	1.61	124	0.86	38	.26	18	.12	271	1.87	142	0.98
1945	289	1.83	125	0.79	49	.31	16	.10	338	2.14	141	0.89
1946	284	1.61	105	0.60	50	.28	25	.14	334	1.89	130	0.74
1947	297	1.64	143	0.77	54	.29	30	.16	351	1.93	171	0.93
1948	284	1.50	142	0.73	41	.22	22	.12	325	1.72	160	0.85
Average 1944–1948	277	1.64	127	0.75	46	.27	22	.13	324	1.91	149	0.88
1949	273	1.43	119	0.62	30	.16	6	.03	303	1.59	125	0.65
1950	299	1.43	108	0.52	49	.23	15	.07	348	1.66	123	0.59

Care and After-Care.

A very active voluntary Care Committee carries out the duties of the Local Health Authority, particularly in the provision of extra nourishment and clothing.

During the year it was decided to offer lending library facilities to patients attending the Chest Clinic at Beaumont House, and through the courtesy of the City Librarian an attractive range of books was allocated for the purpose and housed at Beaumont House. Comdr. Crimp, of the Care Committee, agreed to act as librarian. However, so little use was made of the facilities that after a prolonged trial the service was discontinued.

REPORT OF THE CHEST PHYSICIAN

Notifications. The number of notified cases of Tuberculosis during the year 1950 amounted to 348. This number consisted of 299 Respiratory (161 males and 138 females) and 49 Non-Respiratory (25 males and 24 females).

This number shows an increase of 45 on the previous year.

There are probably a variety of factors which have contributed to this increase, including surveys by Mass Miniature Radiography, which bring to our notice cases in the early stages who have not sought medical advice.

The details of the notifications during 1950 are as follows :—

<i>Age Periods</i>	<i>Respiratory</i>		<i>Non-Respiratory</i>	
	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>
0-1	1	—	1	—
1-5	3	1	4	2
5-15	10	10	6	7
15-25	31	69	6	10
25-35	40	31	3	2
35-45	21	18	4	2
45-55	21	2	—	1
55-65	28	5	1	—
65 and upwards	6	2	—	—
Totals ...	161	138	25	24

The numbers on the Notification Register at the end of the year were as follows :—

<i>Respiratory</i>			<i>Non-Respiratory</i>			<i>Total cases.</i>
<i>Males.</i>	<i>Females.</i>	<i>Total.</i>	<i>Males.</i>	<i>Females.</i>	<i>Total.</i>	
887	654	1541	167	236	403	1944

There were only three Posthumous Notifications during the year. They consisted of one Respiratory and two Non-Respiratory cases.

Deaths. During the year 1950, 91 cases who were on the Chest Clinic Register died. This number shows a decrease of 23 on the previous year.

There is no doubt that many cases of Tuberculosis have benefited from the use of Streptomycin and P.A.S. This has been particularly so in cases of Tuberculous Meningitis and acute Miliary Tuberculosis.

At the end of the year 1950 the following number of patients were on the “ live ” Chest Clinic Register.

	<i>Males</i>	<i>Females</i>	<i>Children</i>	<i>Totals</i>
Respiratory ...	870	489	104	1463
Non-Respiratory...	44	59	45	148
Totals ...	914	548	149	1611

Chest Clinic. During the year 1950, 2,266 New Cases were sent to the Chest Clinic by Medical Practitioners for diagnosis.

The following table shows the number of cases referred to the Chest Clinic each year since 1941, and the number of contacts who have been examined for the same period. The seventeen contacts found to be suffering from tuberculosis are included in the figure of 295 New Cases discovered to be definitely tuberculous.

<i>New Cases.</i>					<i>Contacts.</i>			
<i>Year.</i>	<i>Definitely Tuberc.</i>	<i>Non- Tuberc.</i>	<i>Diagnosis not completed</i>	<i>Total examined</i>	<i>Definitely Tuberc.</i>	<i>Non- Tuberc.</i>	<i>Diagnosis not completed</i>	<i>Total examined</i>
1941	208	585	53	846	5	163	4	172
1942	274	744	57	1075	5	224	7	236
1943	297	1015	90	1402	4	309	25	338
1944	260	1077	81	1418	12	378	10	400
1945	340	987	154	1481	10	461	9	480
1946	327	1265	154	1746	23	623	65	711
1947	311	1520	267	2098	21	807	7	835
1948	322	1540	433	2295	25	1162	207	1394
1949	285	1473	731	2489	25	1071	185	1281
1950	295	1433	538	2266	17	963	444	1424

Contact Clinic. A special clinic for Contact cases is held on Friday afternoons. Contacts who are at work and unable to attend on Friday afternoons are seen during the Thursday evening clinic. We are depending on the resources of the Tuberculosis Health Visitors in encouraging all contacts to attend these clinics for examination and X-ray, and such further investigations as are considered necessary.

Owing to shifting of population to the new housing estates to the periphery, it becomes a problem, from the family budget point of view to bring in a large family of young children to the Clinic for these examinations, and we have been faced with the difficulty of overcoming this problem on more than one occasion. We have had to overcome the same difficulty in the case of B.C.G. Vaccination. The number of contacts who attended during the year amounted to 1,424.

Attendances. The number of attendances of patients at the Chest Clinic during the year totalled 20,811.

Since 1941 the attendances have been as follows :—

1941	...	...	...	...	5,709
1942	...	...	...	...	7,270
1943	...	...	...	...	8,942
1944	...	...	...	...	9,506
1945	...	...	...	...	11,550
1946	...	...	...	...	14,007
1947	...	...	...	...	16,618
1948	...	...	...	...	18,622
1949	...	...	...	...	19,850
1950	...	...	...	...	20,811

Evening Clinic. This clinic has been well patronised during the year, and the numbers attending have been well maintained.

Domiciliary Visiting. The Chest Physician made 427 visits to patients at their homes or at hospitals.

Nurses and T.B. Health Visitors. The Tuberculosis Health Visitors and Three Towns Nurses paid 5,742 visits to patients during the year.

Consultations. The following consultations were held by the Chest Physician during the year :

Personal	...	...	...	...	33
Other than personal	...	...	...	...	2,951

Special Forms of Treatment. The Chest Physician gave the following forms of treatment at the Chest Clinic during the year :

Artificial Pneumo-thorax and Pneumo-peritoneum refills	...	...	...	1,472
Injections of Tuberculin	...	...	...	904

**B.C.G.
Vaccinations.**

There are approximately 140,000 persons suffering from active tuberculosis at large among the population of England and Wales. This figure is increasing, and from surveys in various parts of the country there is evidence that the age at which the majority of people receive their primary infection with virulent tubercle bacilli is higher than in the past. This means there are more non-infected individuals mixing with infectious persons. To allow this to continue will court disaster. Fortunately, in B.C.G. vaccination we have a means of lessening the danger of the primary infection.

B.C.G. vaccine is made from a harmless form of tubercle bacillus first discovered by two Frenchmen, Calmette and Guérin. It has been used on the Continent for almost thirty years, and, so far, over twelve million children and adolescents have been vaccinated without any harmful effects. Sufficient observations have been made to show that it confers a certain degree of protection against the first attack with virulent infection. We do not know the degree of immunity conferred upon vaccinated persons, but this is at present the object of research in certain parts of England. The persons who should have first call on this method of protection are those who are in most danger, i.e. direct family contacts, nurses and medical students.

In Plymouth we began vaccinating contacts in June, and have, so far, vaccinated 56 persons. This number may be thought small, but it must be realised that the complete process of vaccinating one person takes three months, involving six visits to the clinic and that those who need vaccination, i.e. non-infected, have to be weeded from those who already have had their primary infection by natural means, and have successfully recovered from this. It gives a better idea of the work involved when it is realised that 184 persons have been tested, and vaccinated where necessary, involving a total of 596 visits to the clinic. This shows that the project is being tackled with vigour.

It must not be thought that vaccination is the complete answer to the problem of tuberculous infection. B.C.G. vaccination will offer a certain degree of protection against primary infection with virulent tubercle bacilli, but maintenance of good health must

be ensured by healthy living in a good environment. No amount of vaccine will protect against massive infection or against the consequences of malnutrition, poverty and overstrain.

Institutional Treatment. There have been lengthy “waiting-lists” for patients awaiting sanatorium treatment to all our chest hospitals. The position as regards female patients is particularly acute. The Regional Hospital Board has placed fifty additional beds at our disposal as an emergency measure. It is hoped that these additional beds will reduce the waiting-lists materially and ease the present difficult situation. It is sincerely hoped that these additional beds will be made available in the near future.

The details of admissions and discharges from our institutions are shown as follows :—

<i>Didworthy Chest Hospital.</i>			<i>Respiratory.</i>	<i>Non-Respiratory.</i>
Admissions	...	...	133	1
Discharges	...	...	140	—
Deaths	...	...	—	—
<i>Mt. Gold Hospital.</i>			<i>Respiratory.</i>	<i>Non-Respiratory.</i>
Admissions	...	...	106	58
Discharges	...	...	79	84
Deaths	...	...	32	—
<i>Isolation Hospital.</i>			<i>Respiratory.</i>	<i>Non-Respiratory.</i>
Admissions	...	...	46	20
Discharges	...	...	39	8
Deaths	...	...	1	10

A NOTE WRITTEN BY THE TUBERCULOSIS HEALTH VISITORS

The Tuberculosis Health Visitors have been kept busy during the year, both at the Chest Clinic and on their districts. They have been sorely tried by the long wait of the patients for sanatorium treatment, and, as a result, have spent much of their visiting time with patients who are waiting at home for treatment.

They have, we hope, been of some assistance to the general practitioners, and have been able to relieve them a little of their arduous duties. We hope there will be ever-increasing co-operation between the patient and his private doctor and ourselves. The Health Visitors believe they have all had a measure of success in keeping their patients at rest, relieving their anxiety and keeping up morale during these long waiting periods. Many have made progress and so shortened their stay in hospital or sanatorium. A few have not needed to go into sanatorium, and their names have come off the waiting-list. The Health Visitors must also keep up with their follow-up after treatment, until the patient is back to a normal workaday life.

Since the introduction of B.C.G. vaccination the Health Visitors have talked to parents who, in the main, agree readily and are eager to have the young people protected. Those who are doubtful they have left to think it over and to let them know what they have decided. Almost all accept within a few days. The Health Visitors and their patients trust that they have a powerful weapon here in the fight to reduce the incidence of tuberculosis among the contact children and young adults, many of whom spend their early years in close proximity to open cases.

The Housing Department continued to improve the conditions of life for many of the patients and their families. The Health Visitors are grateful to the Three Towns Nursing Association for their help in giving special treatment and nursing care at home. They also give a word of appreciation to the Home Help Service for the valuable work they have done, particularly where the housewife and mother is the patient.

Can it be too much to hope that when our immediate problems are solved we tackle the problem of the useful employment of patients who are not fit for the competitive working life, and that on medical grounds suitable industry be made available in larger towns and cities, with medical supervision, where men and women can do part-time or whole-time work according to their capabilities? These unfortunate people, many of whom will never be fit for the unprotected life, would derive much benefit from even a few hours useful work a week.

**Voluntary
Organisations.**

Tuberculosis Care and After-Care Voluntary Committee. This Committee continued to assist tuberculous persons throughout the year, operating with their own financial resources and with the assistance of a grant from the Local Health Authority on whose behalf they continued to act.

Some 255 individual applications for assistance were considered as opposed to 186 in 1949. In the main these applications were for clothing, some 605 individual items being supplied, 102 of these consisting of pyjamas, etc., for patients confined to bed. 15 beds and mattresses were also supplied, together with 36 blankets, 13 pillows, 16 pillow-cases and 28 pairs of sheets.

2,730 gallons of milk were provided during the year—the number of persons receiving free milk at the end of the year being 58.

Further efforts were also made in the field of occupational therapy, two correspondence course fees being paid and an agreement reached with the British Red Cross Society whereby a grant of £1 was made to purchase materials for each tuberculous patient instructed by them.

The annual functions of the outing to Bigbury-on-Sea and the Christmas Party were held as usual for the children of necessitous patients. Approximately 130 were entertained on each occasion. With the assistance of the Plymouth Council of Social Service and the National Assistance Board toys were distributed to some 63 children who were themselves patients or who were otherwise unable to attend the Christmas Party.

Grants were also made to the various Institutions treating tuberculous patients. These grants were made to assist in the cost of concert parties, Christmas cheer, and the purchase of library books.

**Council of
Social Service.**

There has been very close liaison between this organisation and the Tuberculosis Care and After-Care Committee, and they have always been most helpful and co-operative to do anything for the welfare of the tuberculous patient.

(B) VENEREAL DISEASES

I am indebted to Dr. Johnstone for the following information regarding the Plymouth Venereal Diseases Treatment Centre and the visiting and contact tracing undertaken by the Sister-in-Charge of the Clinic on behalf of the Local Health Authority.

54 contacts of patients attending this or any other clinic were persuaded to attend by the Social Worker, with the following results :—

<i>Syphilis</i>		<i>Gonorrhoea</i>		<i>Soft Chancre</i>		<i>Non- V.D.</i>	
<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>
—	13	—	17	—	—	—	24

Number of Contacts notified on 1 form	...	69
2 forms	...	3
Total	...	<u>72</u>

NEW CASES FOR THE YEAR (EXCLUSIVE OF TRANSFERS)

<i>Year</i>	<i>Syphilis.</i>			<i>Gonorrhoea.</i>			<i>Totals</i>
	<i>Male</i>	<i>Female</i>	<i>Totals</i>	<i>Male</i>	<i>Female</i>	<i>Totals</i>	
1945 ...	18	34	52	92	48	140	192
1946 ...	64	63	127	189	40	229	356
1947 ...	58	89	147	163	58	221	368
1948 ...	94	75	169	171	38	209	378
1949 ...	75	76	151	135	29	164	315
1950 ...	46	44	90	127	29	156	246

TOTAL NEW CASES FOR THE YEAR, INCLUDING TRANSFERS FROM
OTHER CENTRES.

Year	Syphilis				Chancroid				Gonorrhoea				Non-Venereal				Totals			
	Plymouth	Devon	Cornwall	Totals	Plymouth	Devon	Cornwall	Totals	Plymouth	Devon	Cornwall	Totals	Plymouth	Devon	Cornwall	Totals	Plymouth	Devon	Cornwall	Totals
1945	112	5	5	122	-	-	-	-	130	24	14	168	538	65	59	662	780	94	78	952
1946	174	24	21	219	5	-	-	5	229	33	35	297	667	57	69	793	1075	114	125	1314
1947	171	13	13	197	8	1	-	9	202	24	21	247	597	50	53	700	978	88	87	1153
1948	188	12	9	209	2	-	1	3	207	9	15	231	656	53	40	749	1053	74	65	1192
1949	165	26	12	203	-	-	-	-	152	12	12	176	602	63	51	716	919	101	75	1095
1950	97	14	3	114	1	-	-	1	148	10	14	172	558	57	48	663	804	81	65	950

(C) OTHER ILLNESS

Health Education

1950 saw a continuation by the Department of its efforts to bring to the notice of as many Plymothians as possible those simple measures which, if adopted by everyone, would do much to minimise—and in many cases prevent altogether—a great deal of the ill-health to which they might otherwise be subject.

The policy of giving lectures to clubs and groups by suitably qualified members of the Department's staff was successfully maintained during the year, as also was the continued use of the Central Council for Health Education's exhibition stand. In this latter connection opportunity was taken to publicise the benefits of Diphtheria Immunisation, the proper care of children's feet, care of the teeth, the work of the Health Visitor, and clean milk, and once again I would express my thanks to the City Librarian for his ready co-operation in allowing me to place these exhibits in the entrance to the Central Library.

In September and October the exhibition stand was on view in our principal Maternity and Child Welfare Centres, the title of the exhibit being "Breast Feeding is Best Feeding".

The Department used every available opportunity to support the various subjects shown on the exhibition stand by the simultaneous distribution of relevant leaflets and booklets, in addition to which copies of the magazine *Better Health* are supplied each month to the Child Welfare Centres for distribution to mothers. Copies of this periodical are also made available to the public at the Health Department central offices and from the exhibition stand.

Selected posters were given to School Nurses during the year to assist them in lectures to schoolchildren and for display in school clinics.

During parts of 1950 the assistance of the Parks and Recreation Committee was sought. It was felt that if we could use the public notice-boards which are in all the City's parks for the showing of posters with a health education message, we should have an opportunity of "speaking" to people at a time when they were more at their ease—and consequently more receptive of ideas—than when

about their normal business. The use of the notice-boards was freely given for this purpose, and thanks are due to the Parks and Recreation Committee for the additional facilities thus given for the spreading of sound advice and helpful information.

It might be of interest to mention that in October of 1950 our health education methods and media were demonstrated to two Indian Health Visitors—one from Calcutta, the other from the Punjab—each of whom asked for and was given a selection of the pamphlets and posters in use in Plymouth. It is pleasing to think that we may have been able to provide these ladies with some ideas which eventually will have beneficial results in one of the larger members of the Commonwealth of Nations.

Home Nursing

The Council's agency arrangement with the Three Towns Nursing Association has operated since 5th July, 1948, satisfactorily, with increasing co-operation between the nurses, the doctors, and the hospitals. The number of visits made by the nurses is increasing, but all calls have been met.

Nineteen candidates were trained for the Queen's Roll, including one male candidate. It has proved to be impossible to obtain the number of Queen's Candidates which the Local Authority's proposals provided for, namely, a total of thirty in one year. At the end of the year the staff consisted of three supervisory (shared also with the midwifery scheme), and the equivalent of ten Queen's staff, five other staff, and five candidates.

A total of 2,954 new cases was attended during the year, entailing 85,009 visits by nurses. Transport arrangements have been considerably improved by the provision of four cars and two auto-cycles.

The Superintendent and two Queen's Nurses attended approved post-graduate courses during the year.

Home Help Service

The Home Help Scheme, which is a specialised service, entailing much greater responsibility on the helper than that required of the private domestic worker, has been of enormous help to those families needing assistance.

No difficulty has been experienced in obtaining the services of helpers, who are to be commended for the way in which they respond to the calls made upon them, frequently at very short notice.

There has been close liaison between the Organiser of the Service, Mrs. Nodder, and General Practitioners, Health Visitors and Midwives, and other local bodies.

An annual grant of £1,250 is paid by the Corporation to the Council of Social Service to enable them to continue their Home Help Service to old people. The National Assistance Board reimburse to the Council of Social Service the payments made to the helpers.

The following figures indicate the service provided during the year :—

Visits by Organiser	...	...	...	...	980
Number of Cases assisted (including 18 T.B. cases)					297
Average Number of Home Helps Employed					
Weekly	...	...	...	...	21
Number of Hours Worked by Helpers	...	...			32,929
Salaries and Wages of Helpers	...	...			£2,950
Amount Recovered from Householders			...		£1,033
Number of Cases in which Free Help Provided					6

NATIONAL ASSISTANCE ACT, 1948—SECTION 47

REMOVAL OF PERSONS NEEDING CARE AND ATTENTION.

Many cases received attention from the Health Visitors and Sanitary Inspectors and there is excellent co-operation with the Welfare Services Department and the Plymouth Council for Social Service. Some of these cases required the services of a Home Help or the attention of a District Nurse, others admission to Hospital or Institutions.

In one case it was necessary to apply to the Court for an Order to admit and detain an old lady in an Institution for a period of three months.

Mental Health

Senior Medical Officer : Dr. N. R. MATHESON

Administration The Mental Health Service continues to operate as described in the 1949 Report. Towards the end of 1950 the staff was increased by the appointment of an additional Mental Health Worker. This has considerably reduced the case load of each of the Social Workers, and they are now able to give more time, and pay more frequent visits, to the cases needing a greater degree of supervision.

A second Occupation Centre was opened in September at Trinity Church Hall, Tamerton Road, Crownhill. Two extra staff were appointed as Occupation Centre Assistants.

Work undertaken in the Community (a) *Prevention, Care and After-Care.* The duties of the Local Health Authority under Section 28 of the National Health Service Act, 1946, continue to be carried out as in 1949. During the present year it is gratifying to note that there is an increasing tendency for relatives of children or adults displaying symptoms of mental illness voluntarily to seek advice from the Department.

(b) *Lunacy and Mental Treatment Acts.* The problem of the elderly dementing person remains a serious one. A number of such patients still have to be admitted to a Mental Hospital, to the exclusion of patients in the early stages of mental illness who would, undoubtedly, benefit considerably by treatment in a hospital, and who have, perforce, to take their place on the Hospital's waiting list.

During the course of the year the Department was called upon to deal with 179 cases under the Lunacy and Mental Treatment Acts. These were dealt with as follows :—

	<i>M.</i>	<i>F.</i>	<i>Total</i>
Admitted under Section 20, Lunacy Act, 1890 ...	9	4	13
Admitted under Section 21, Lunacy Act, 1890 ...	35	64	99
Certified under Section 16 and admitted to Mental Hospitals	5	9	14
Admitted as Temporary cases under Section 5, Mental Treatment Act, 1930	—	3	3
Admitted to Mental Hospital as Voluntary patients under Section 1, Mental Treatment Act, 1930 ...	15	15	30
No Statutory Action taken	6	14	20
	<hr/> 70	<hr/> 109	<hr/> 179 <hr/>

In many cases where no statutory action was necessary, patients or their relatives were given helpful advice, and put into contact with other Departments or Social Services who could help them in their difficulties.

(c) *Mental Deficiency Acts.* 66 cases were ascertained as “Mentally Defective” during the year, 59 of them being “subject to be dealt with” under the Mental Deficiency Acts, 1913–1938. These were as follows :—

	<i>M.</i>	<i>F.</i>	<i>Total</i>
Cases reported by Local Education Authority :—			
Under Section 57 (3), Education Act, 1944	20	18	38
Under Section 57 (5), Education Act, 1944	10	9	19
Reported from other sources	1	1	2
Cases reported, but not at present “Subject to be dealt with”	2	5	7
	33	33	66

Twenty-nine cases (14 M., 15 F.) were admitted to institutions in the course of the year ; 56 (28 M., 28 F.) ceased to be under the care of the Local Health Authority, and 12 (6 M., 6 F.) died or removed from the area.

Cases still in the care of the Local Health Authority on 31st December, 1950, were :—

	<i>M.</i>	<i>F.</i>	<i>Total</i>
Under Guardianship	—	5	5
In “Places of Safety”	2	1	3
Under Statutory Supervision	200	221	421
Under Voluntary Supervision	6	15	21
On Licence from Institutions	41	33	74

In addition, the Local Health Authority has 394 cases (200 M., 194 F.) in Mental Deficiency Institutions.

39 Patients (22 M., 17 F.) were awaiting vacancies in Mental Deficiency Institutions. The position in regard to these patients has shown no improvement, and continues to be a pressing problem. This is further aggravated by the lack of accommodation in the City to which patients can be removed as a “Place of Safety” during a sudden family crisis. Despite the many representations made to the South Western Regional Hospital Board, little improvement in this position appears likely in the foreseeable future.

Some families in the City with defective children have been afforded some relief from their difficulties by the opening of the second Occupation Centre. There are now approximately 60 pupils attending these Centres, and it is hoped shortly to take in a further 10.

During the year a total of 2,051 visits was made by the Department's staff.

Ambulance Service

Ambulance Officer : Mr. R. SAMPSON

Use of the Service

Attention is drawn to the table of statistics given at the end of this Ambulance Section report.

Although the total number of patients carried during the year, both for Plymouth Local Health Authority and for Devon and Cornwall County Councils, has increased over 1949 by 18,123, there is, in fact, very little variation in the total mileage run. No doubt, this is largely due to the greater care taken by hospitals in arranging admissions for patients living in the same area. Ambulance transport is provided for patients only upon the specific request of the hospital or the patient's doctor, and it is thought that discretion is being exercised in this direction.

Vehicles

At the end of the year under review the fleet consisted of 15 ambulances and 3 sitting case cars.

Of this total 4 vehicles will have to be replaced at an early date, owing to their age and difficulty of maintenance.

Radio-Inter-Communication

As reported last year, it was agreed to install two-way radio in a number of ambulances, but it was not until April, 1951, that the equipment was received. It is too early to give an opinion upon its value.

Staff

The total strength of the whole-time staff is 40.

This is augmented on evenings, week-ends and certain nights by volunteers from the St. John Ambulance Brigade, to whom I would pay tribute for their valuable assistance. Members of the Nursing Divisions have again rendered yeoman assistance in escorting patients by train and ambulance to distant hospitals or homes, in addition to providing assistance with the ordinary routine work of the ambulances locally. The total hours of voluntary duty during the year were : Men, 14,480 ; Women, 6,608.

The British Railways have again been most co-operative in arranging compartments or seats on trains for the conveyance of patients. This is often done at very short notice, particularly when patients arrive by sea at Plymouth, or a patient has to be taken to a

specialist hospital some distance away. A special word of thanks is due to the Western Region staff at North Road for their assistance in this type of work.

Work done during the year :—

	<i>Plymouth</i>	<i>Devon</i>	<i>Cornwall</i>	<i>Total</i>
(A) ROAD JOURNEYS				
(a) Ordinary Removals*	51,520	4,459	107	56,086
Mileage	203,227	60,023	4,767	268,017
(b) Accidents and Sudden				
Illnesses	2,554	139	—	2,793
Mileage	10,951	1,675	—	12,626
(c) Other calls	1,211	—	1	1,212
Mileage	3,606	—	41	3,647
Total Mileage ...	217,784	61,698	4,808	284,290
(B) RAIL JOURNEYS	183	26	2	211

* Includes all In-patient Admissions and Discharges, Attendances at Clinics and Out-patient Departments and long distance journeys by road.

Port Health Department

REPORT OF THE SENIOR ASSISTANT PORT MEDICAL OFFICER

Dr. G. B. CARTER

General

In September, Drs. Stock and Elliott visited Plymouth to conduct the periodical formal Ministry of Health inspection of the working of the Port Health Service, and subsequently expressed satisfaction with the efficiency of the Service.

In January, the Port Health Authority received delivery of the 40-ft. Diesel-engined launch *Argus*. Its predecessor, the *Golden Hind*, was thirty years old, and had seen service in two wars. The new vessel has proved satisfactory in service during the year.

Though Plymouth is not an approved airport for the reception of foreign aircraft, the possibility of emergency landings of aircraft from abroad has been considered, and arrangements made with the Police and Customs Authorities to provide a Medical Officer to advise on health control in such a contingency.

Relations with the officials and authorities concerned with the activities of the Port have remained at the most cordial level, and it is pleasing to record that co-operation to facilitate the work of the Port Health Authority is always willingly given. Friendly relations also exist with United States warships using the port, which are visited in the exercise of the Port Health Regulations.

The report and tables which follow are in the form required by Ministry of Health Memo. 302/SA of 1946, with the addition of Tables I and II, which give supplementary information on crews' quarters and result from assiduous detailed inspections by the Port Health Inspector, Mr. A. S. Kitt.

I. AMOUNT OF SHIPPING ENTERING THE PORT DURING THE YEAR.

During 1950, 1,572 vessels entered the Port, with a total net tonnage of 2,090,324, an increase of 13 ships and 288,458 tons over 1949.

In the year under review, 146 ships were boarded by the Medical Officers, and 1,285 by the Inspector.

TABLE A.

AMOUNT OF SHIPPING ENTERING THE PORT DURING THE YEAR 195

		No.	Tonnage.	No. Inspected.		No. reported to be defec- tive.	No. of vessels on which defects were remedied.	No. of vessels on which defects were found and reported to Ministry of Transport Surveyors	No. vess repor as ha or ha had du the vo infect disea on bo
				By the M.O.	By the Port Health Inspec- tor.				
Foreign	Steamers	285	1,551,248	146	352	10	5	—	23
	Motor	262							
	Sailing	—							
	Fishing	—							
Total Foreign		547	1,551,248	146	352	10	5	—	23
Coast- wise	Steamers	570	539,076	—	933	7	6	—	—
	Motor	455							
	Sailing	—							
	Fishing	—							
Total Coast- wise		1025	539,076	—	933	7	6	—	—
Total Foreign and Coast- wise		1572	2,090,324	146	1285	17	11	—	23

II. CHARACTER OF THE TRADE OF THE PORT.

(a) *Passenger Traffic.* During 1950, 12,076 persons passed through the Port, an increase of 3,226 over the previous year.

The number of passengers embarked was 1,704, and the number of passengers landing was 10,372.

The number of Aliens passing through the Port was 3,759, compared with 3,206 in the previous year.

The total number of passengers on board vessels arriving at the Port was 42,699.

(b) *Cargo Traffic.*

Coastwise: General cargoes of foodstuffs arrive regularly from London, Bristol, Liverpool and Glasgow, and coal from the North-East and Bristol Channel ports.

Foreign: Cargo traffic consisted mainly of Timber from Holland, Canada, Sweden and Germany ; Phosphates from Holland, North Africa and Fertilisers from Holland ; Grain from Montreal, France and America ; General Foodstuffs from Holland.

TABLE B

(a) PASSENGER TRAFFIC DURING THE YEAR 1950

	<i>No. of Passengers.</i>
Inwards	10,372
Outwards	1,704

(b) CARGO TRAFFIC

The Principal Imports were :—

Foreign—

Phosphates from Sfax, Antwerp, Wismar, Ghent and Rouen.
Timber from Rotterdam, Hamburg, Gdynia, Vancouver and Bordeaux.
Potash from Antwerp, Hamburg and Ghent.
Preserved Meats from Holland.
Grain from Montreal, Bordeaux, Baltimore and Curacao.
Fertilisers from Antwerp and Hamburg.
Onions from Antwerp and Roscoff.
Fruit from Holland and France.
Slates from St. Malo and St. Servan.
Fuel Oil from Abadan.
Iron Ore from Freetown and La Garrucha.
Cement from Holland.
Benzine from Rouen.
Magnesium Ore from Takoradi.

Coastwise—

Coal from South Wales and North-East ports.

Vaporising Oil from Hamble, Southampton, Thameshaven and Swansea.

Fertilisers from London, Middlesbrough and Grimsby.

Cement from London.

Phosphates from London.

Basic Slag from Middlesbrough and Grimsby.

China Clay from Fowey and Teignmouth.

Flour from Bristol, Penzance and Liverpool.

Benzine from Southampton, Hamble and Fawley.

Grain from Avonmouth and Cowes.

Potatoes from Belfast, Londonderry and Kilkeel.

Fish from Deep Sea Fishing Grounds.

Sugar from London.

Margarine, Peas, Soups, Cooking Fats, Sauces, Syrup, Tinned Fruit, Flour, Jam, Biscuits, Macaroni, Tapioca, Lentils and Custard Powders from Liverpool.

Sauces, Flour, Peas, Margarine and Cooking Fats from London.

Coffee, Tinned Vegetables, Cereals, Apples, Soups, Tinned Milk and Meat from Glasgow.

(c) FOREIGN PORTS FROM WHICH VESSELS ARRIVE

<i>Asia and Australasia</i>	<i>Europe</i>	<i>America</i>	<i>Africa</i>
Abadan	Amsterdam	Aruba	Algiers
Auckland	Antwerp	Barbados	Beirut
Bluff, N.Z.	Archangel	Buenos Aires	Beira
Bombay	Boulogne	Cristobal	Casablanca
Brisbane	Bordeaux	Curacao	Cape Town
Georgetown	Bremen	Demerara	Duala
Haifa	Bremerhaven	Kingston	Dakar
Hobart	Brest	La Cuaiaara	Freetown
Karachi	Cherbourg	Las Palmas	Mombasa
Lyttleton	Copenhagen	Lobito	Sfax
Melbourne	Cuxhaven	Montreal	Simonstown
Rangoon	Delfayl	New York	Takoradi
Trincomalee	Dieppe	Norfolk (Virg.)	Tripoli

<i>Asia and Australasia</i>	<i>Europe</i>	<i>America</i>	<i>Africa</i>
Wellington, N.Z.	Dunkirk	Paramaribo	Tunis
	Frederikshund	Santa Marta	
	Gdynia	Trinidad	
	Ghent	Valparaiso	
	Gibraltar	Vancouver	
	Gothenburg		
	Granville		
	Guernsey		
	Hamburg		
	Helsinki		
	Helsingfors		
	Huelva		
	Jersey		
	Kristinehamn		
	Larvik		
	Le Havre		
	Le Legue		
	La Pallice		
	Libau		
	Mantyluoto		
	Malta		
	Nantes		
	Nordkopping		
	Oporto		
	Oslo		
	Porsgrunn		
	Rotterdam		
	Roscoff		
	Rouen		
	St. Malo		
	St. Servan		
	Stettin		
	Trondheim		
	Wismar		
	Yxpila		

MEDICAL INSPECTION OF ALIENS.

ANNUAL RETURN BY THE MEDICAL INSPECTOR OF ALIENS FOR THE YEAR ENDED 31ST DECEMBER, 1950.

	TOTAL.	Number inspected by the Medical Officer.	Number subjected to detailed examina- tion by the Medical Inspector.	Certificates Issued					Trans- migrants.
				Lunatic idiot or M.D.	Unde- sirable for Medical reasons.	Physically incapaci- tated.	Suffering from acute infectious disease.	Landing necessary for adequate examina- tion.	
(a) Total number of Aliens landing at the Port ...	3759	3759	332	-	-	-	-	-	-
(b) Aliens refused permission to land by the Immi- gration Officer ...	7	7	-	-	-	-	-	-	-
(c) Transmigrants ...	-	-	-	-	-	-	-	-	-
Total Aliens arriving at the Port ...	3766	3766	332	-	-	-	-	-	-

Total number of vessels carrying Alien passengers : 144.

Number of vessels dealt with by the Medical Inspector : 121.

III. WATER SUPPLY, AND IV. PORT HEALTH REGULATIONS,
1933 & 1945

All the above remain the same as set forth in the Annual Reports for the years 1947 and 1949.

TABLE C
CASES OF INFECTIOUS SICKNESS LANDED FROM VESSELS

<i>Disease.</i>	<i>No. of cases during the year.</i>		<i>No. of vessels concerned.</i>	<i>Average No. of cases for previous 5 years.</i>
	<i>Passengers.</i>	<i>Crew.</i>		
Chicken Pox ...	2	—	2	0.4
Tuberculosis ...	—	1	1	0
German Measles ...	6	—	1	0
Measles ...	4	—	2	0

TABLE D
CASES OF INFECTIOUS SICKNESS OCCURRING ON VESSELS DURING THE VOYAGE BUT DISPOSED OF PRIOR TO ARRIVAL

<i>Disease.</i>	<i>No. of cases during the year.</i>		<i>No. of vessels concerned.</i>	<i>Average No. of cases for previous 5 years.</i>
	<i>Passengers.</i>	<i>Crew.</i>		
Smallpox ...	—	2	1	0.2
Pneumonia ...	3	—	1	0.2
Measles ...	2	—	1	0.4

**Infectious
Diseases.**

No major infectious disease occurred within the area of the Authority during 1950.

The S.S. *Mulbera* arrived at the Port on the 6th April, 1950 having landed two of the Asiatic crew at Aden, suffering from Smallpox, on the 11th March, 1950. The vessel was boarded by the Medical Officer of Health and Staff.

The whole of the crew (156) and passengers (127) were examined without any suspicious conditions being found. Two passengers who embarked at Marseilles were vaccinated at Plymouth.

The names and addresses of the 127 passengers landing at Plymouth and also of the 34 who disembarked at Marseilles were sent to the Medical Officers of Health of the districts to which they were proceeding.

No further cases developed.

Cases landed at the Port.

1. On the 13th January, one male passenger was landed from the S.S. *Modasa* suffering from Chicken-pox, and removed to his home address.

2. On the 16th March, one male passenger was landed from the S.S. *Prome* suffering from Chicken-pox and admitted to the Swilly Isolation Hospital.

3. On 23rd March, one of the crew of the S.S. *City of Liverpool* was landed suffering from Pulmonary Tuberculosis, and admitted to the Swilly Isolation Hospital.

4. On the 27th April, six child passengers were landed from the S.S. *Madura* suffering from German Measles. Five proceeded to their home addresses and one was admitted to the Swilly Isolation Hospital.

5. On the 14th June, one male passenger was landed from the S.S. *Ile de France* suffering from Measles, and removed to his home address.

6. On the 29th December, three child passengers were landed from the S.S. *Mulbera* suffering from Measles, and admitted to the Swilly Isolation Hospital.

Cases of non-infectious disease were dealt with as follows—

1. On the 27th April, one male passenger was landed from the S.S. *Madura* suffering from Hypertensive Encephalopathy and admitted to the South Devon and East Cornwall Hospital, Greenbank, Plymouth.

2. On the 1st May, one of the crew of the S.S. *De Grasse* was landed suffering from Peritonitis, and admitted to the South Devon and East Cornwall Hospital, Devonport, Plymouth.

3. On the 1st June, one male passenger was landed from the S.S. *Modasa* suffering from multiple injuries, and admitted to the National Orthopaedic Hospital, London.

4. On the 1st June, one male passenger was landed from the S.S. *Modasa* suffering from Mental Instability, and admitted to the South Devon and East Cornwall Hospital, Freedom Fields, Plymouth.

5. On the 26th June, one male passenger was landed from the S.S. *Matiana* suffering from a suspected fracture of the femur, and removed to his home address.

6. On the 10th July, one of the crew of the Norwegian vessel S.S. *Para* was landed suffering from a suspected fractured skull, and admitted to the South Devon and East Cornwall Hospital, Greenbank, Plymouth.

7. On the 18th August, one of the crew of the S.S. *Pyrrhus*, was landed suffering from Tonsillitis and admitted to the Swilly Isolation Hospital.

8. On the 28th September, one female passenger was landed from the S.S. *Mantola* suffering from Tumour in the Pelvis and admitted to the South Devon and East Cornwall Hospital, Freedom Fields, Plymouth.

9. On the 1st October, one male passenger was landed from the S.S. *Artsa* suffering from Appendicitis and admitted to the South Devon and East Cornwall Hospital, Freedom Fields, Plymouth.

10. On the 4th November, one male passenger was landed from the S.S. *Prome* suffering from a suspected Mental Derangement, and admitted to the Moorhaven Hospital, Ivybridge.

11. On the 10th November one female passenger was landed from the S.S. *Colombie* suffering from Carcinoma and admitted to the South Devon and East Cornwall Hospital, Devonport.

During the year, 70 British seamen and 16 Foreign seamen were treated at the Venereal Diseases Clinic.

The Nationalities were as follows :—

British	70	Indian	1
Swedish	9	Polish	1
Dutch	1	Esthonian	1
Finnish	1	Spanish	1
Israelian	1		

No seamen were treated for Scabies.

V. MEASURES AGAINST RODENTS

The measures taken under this heading remain the same as set out in the Annual Reports for the years 1947 and 1949.

The steady reduction in the number of rats destroyed on board ships, which has been reported each year since the war, indicates that more and more ships are becoming free from this infestation. For the first time it is recorded that no rats were destroyed on vessels.

RATS DESTROYED DURING THE YEAR.

TABLE E.—(1) ON VESSELS.

No. of Rats.	Jan.	Feb.	Mar	Ap.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total in year.
Black	—	—	—	—	—	—	—	—	—	—	—	—	—
Brown	—	—	—	—	—	—	—	—	—	—	—	—	—
Species not specified	—	—	—	—	—	—	—	—	—	—	—	—	—
Rats Examined	—	—	—	—	—	—	—	—	—	—	—	—	—
Infected with Plague	—	—	—	—	—	—	—	—	—	—	—	—	—

TABLE F.

(2) IN DOCKS, QUAYS, WHARVES AND WAREHOUSES.

<i>No. of Rats.</i>	<i>Jan.</i>	<i>Feb.</i>	<i>Mar</i>	<i>Ap.</i>	<i>May</i>	<i>June</i>	<i>July</i>	<i>Aug.</i>	<i>Sept.</i>	<i>Oct.</i>	<i>Nov.</i>	<i>Dec.</i>	<i>Total in year.</i>
Black ...	—	19	—	—	21	53	—	—	—	—	—	—	93
Brown ...	30	155	90	26	204	120	37	18	232	83	62	35	1092
Species not specified ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Rats Examined	—	1	—	—	—	2	—	—	—	—	—	—	3
Infected with Plague ...	—	—	—	—	—	—	—	—	—	—	—	—	—

TABLE G.

MEASURES OF RAT DESTRUCTION ON PLAGUE “INFECTED” OR
“SUSPECTED” VESSELS OR VESSELS FROM PLAGUE INFECTED
PORTS ARRIVING IN THE PORT DURING THE YEAR.

<i>Total No. of such Vessels arriving.</i>	<i>No. of such Vessels Fumi- gated by SO₂.</i>	<i>No. of Rats killed.</i>	<i>No. of such Vessels Fumi- gated by HCN.</i>	<i>No. of Rats killed.</i>	<i>No. of Vessels on which Trapping, Poisoning, etc., were employed.</i>	<i>No. of Rats killed.</i>	<i>No. of Vessels on which Measures of Rat Destruc- tion were not carried out.</i>
1	2	3	4	5	6	7	8
1	—	—	—	—	—	—	1

TABLE H.

DERATISATION CERTIFICATES AND DERATISATION EXEMPTION
CERTIFICATES ISSUED DURING THE YEAR.

Net Tonnage.	No. of Ships	No. of Deratisation Certificates Issued.					No. of Deratisa- tion Exemp- tion Certifi- cates issued.	Total Certifi- cates Issued.
		After fumigation with			After Trap- ping Poison- ing, etc.	Total.		
		HCN.	Sul- phur.	HCN. and Sul- phur.				
1	2	3	4	5	6	7	8	9
Ships up to 300 tons	16	-	-	-	-	-	16	16
Ships from 301 to 1,000 tons ...	11	-	-	-	-	-	11	11
Ships from 1,001 to 3,000 tons ...	1	-	-	-	-	-	1	1
Ships from 3,001 to 10,000 tons ...	1	-	-	-	-	-	1	1
Ships over 10,000 tons ...	-	-	-	-	-	-	-	-
TOTALS ...	29	-	-	-	-	-	29	29

VI. HYGIENE OF CREWS' SPACES.

TABLE J

CLASSIFICATION OF NUISANCES.

Nationality of vessel.	No. inspected during year.	Defects of original construction.	Structural defects through wear and tear.	Dirt, vermin and other conditions prejudicial to health.
British ...	977	3	12	14
Other Nations ...	288	11	5	9

Seventeen vessels were found to have defects during 1950. Only one vessel was fumigated, for cockroaches and weevils.

It is gratifying to report a continued improvement in the standard of living accommodation on vessels arriving at the Port.

In many of the new vessels the crews' quarters are situated amidships or aft, with one or two-berth cabins, suitably furnished and containing wash-hand basins with hot and cold water supply. Other amenities include separate messrooms fitted with food lockers, clothes and oilskins lockers and hospital accommodation. Most of the vessels are provided with central heating for officers and men and modern sanitary arrangements.

There are still a number of older coastal and foreign-going vessels where accommodation is provided for sailors and firemen under the forecastle head. Conditions are generally found to be unsatisfactory, as in many instances the living quarters are dark, ill-ventilated, overcrowded and without electric lighting; and no provision made for messrooms or proper washing facilities.

Under these conditions there is no incentive for the crew to keep their accommodation clean.

The following tables (I and II) give details concerning the inspection of 101 British ships and 111 Foreign ships. 97 British ships of under 2,000 tons nett register were inspected and of these 30 had crews' accommodation in the forecastle, 3 were found to be without electric lighting and 43 were without refrigerator or ice-box. 16 of the British ships were without separate messrooms and 19 without wash-places.

TABLE I.

	Ships under 500 tons nett register						Ships between 501 and 2,000 tons nett register						Ships over 2,000 tons nett register					
	Br.	Du.	Ger.	Sw.	Da	Nr.	Br.	Dan.	Fin.	Sw.	N.	Pan.	Grk.	Br.	Du.	Sw.	Pan.	Nr.
Number inspected	72	61	4	4	4	5	25	1	1	8	8	3	2	4	2	1	1	2
No. with crew's accommodation under forecastle	24	28	4	1	3	1	6	1	1	3	1	—	—	—	—	—	—	—
No. with crew's accommodation amidships	—	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—
No. with crew's accommodation aft	48	32	—	3	1	4	18	—	—	5	7	3	2	4	2	1	1	2
No. with messrooms separate from sleeping quarters	58	55	1	3	3	5	23	1	1	8	8	3	1	4	2	1	1	2
No. without separate messrooms	14	6	3	1	1	—	2	—	—	—	—	—	—	—	—	—	—	—
No. with clothes drying rooms ...	52	42	—	3	2	5	19	1	1	8	8	3	2	4	2	1	1	2
No. with separate sleeping accommodation for each watch or 2-berth cabins	50	46	—	3	2	4	19	1	1	8	8	3	1	4	2	1	1	2
No. without separate sleeping accommodation for each watch	22	15	4	1	2	1	6	—	—	—	—	—	1	—	—	—	—	—
No. with wash-places	57	48	1	4	2	5	21	1	1	8	8	3	2	4	2	1	1	2
No. without wash-places	15	13	3	—	2	—	4	—	—	—	—	—	—	—	—	—	—	—
No. without water in wash-places ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
No. lit by electric light	69	61	4	4	4	5	25	1	1	8	8	3	2	4	2	1	1	2
No. lit by oil lamps	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
No. heated by coal bogeys	19	9	4	—	3	—	2	—	—	—	—	—	—	—	—	—	—	—
No. with central heating	53	52	—	4	1	5	23	1	1	8	8	3	2	4	2	1	1	2
No. with icebox or refrigerator for food	32	14	3	4	3	5	22	1	1	8	8	3	2	4	2	1	1	2
No. without icebox or refrigerator for food	40	47	1	—	1	—	3	—	—	—	—	—	—	—	—	—	—	—
Average net registered tonnage ...	282	178	303	262	297	276	684	725	735	1059	864	1252	1252	4362	6256	6185	6301	3012
Average number of crew	10	8	10	14	11	15	17	17	23	22	20	25	24	34	45	38	53	33

Br.=British.

Du.=Dutch.

Ger.=German.

Sw.=Swedish.

Da.=Danish.

Nr.=Norwegian. Fin.=Finnish. Pan.=Panamanian.

TABLE II

	<i>Ships under 500 tons nett register.</i>		<i>Ships between 500 and 2,000 tons nett register.</i>	
	<i>British.</i>	<i>Foreign.</i>	<i>British.</i>	<i>Foreign.</i>
No. of ships inspected	72	78	25	23
With crew's accommodation under forecastle	33%	47%	24%	26%
Without separate messrooms ...	19%	14%	8%	—
Without separate sleeping accom- modation for each watch ...	30%	29%	24%	4%
Without wash-places	21%	23%	16	—
With coal bogeys for heating ...	26%	20%	8%	—
Without ice box or refrigerator for food storage	55%	63%	12%	—

VII. FOOD INSPECTION

(1) During 1950 there were 159 vessels dealt with under the Public Health (Imported Food) Regulations, 1937 and 1948. There were 37 from foreign ports and 122 coastwise.

The total amount of foodstuffs voluntarily surrendered and condemned as unsound, unwholesome and unfit for human consumption consisted of:—

Wheat ... 2 tons 10 cwts. Cheese ... 2 cwts. 2 qrs. 20 lbs.

No action was taken under the Public Health (Imported Milk) Regulations, 1926, and Public Health (Preservatives, etc., in Food) Regulations, 1925 to 1940.

No samples of food were taken during the year.

The following specimens were submitted to the City Bacteriologist for examination:—

<i>Nature of Specimen</i>	<i>From</i>	<i>Examined for</i>	<i>Result</i>
Drinking water	S.S. <i>Ardgantock</i>	B. Coli	4 B. Coli in 100 ml.
do.	Water Boat <i>Ena</i>	do.	No B. Coli in 100 ml.
do.	S.T. <i>Master Hand</i>	do.	do.
Cockles	Off Saltash ...	do.	No B. Coli.
Winkles	do.	do.	do.
Cockles	St. John's Lake	do.	20 B. Coli.

(2) *Shell-fish*. Under the Public Health (Shell-fish) Regulations, 1934 and 1948, the prohibited areas for taking of mussels, cockles, winkles, limpets and other shell-fish remain the same as in 1949, namely :—

Hooe Lake.

The Hamoaze, including West Mud.

St. John's Lake.

Off Torpoint Institution.

Weston Mill Lake.

Off Rat's Island.

Mouth of St. Germans River.

Off Saltash.

River Tamar and its tributaries.

Notice-boards are maintained in these areas warning persons that the taking of shell-fish for sale for human consumption is forbidden.

School Health Service

REPORT OF THE SENIOR MEDICAL OFFICER

DR. T. H. HARRISON

During the year 1950 it became increasingly difficult to maintain a medical and dental staff adequate for the needs of the service, but by the employment of general medical practitioners and anaesthetists on a part-time basis as assistant school medical officers and dental anaesthetists respectively, a reasonably satisfactory service was able to be given and, as the following figures show, a considerable amount of work was carried out during the year.

Nearly 10,000 pupils were medically inspected at school during the year in the age groups 5-6 years, 7-8 years, 10-11 years, and in the last year of school life, at 14 years of age or over, and more than 25 per cent of those inspected were found to have defects requiring medical treatment. Some were receiving treatment, but the majority were not, and in most cases their parents were unaware that treatment was required. In addition, over 16,000 special medical inspections and reinspections of pupils were carried out at the schools and school clinics.

Over 12,000 pupils were given a dental inspection at school, and over 60 per cent were found to require dental treatment.

Over 145,000 cleanliness inspections of pupils were made at schools by the school nurses, and nearly 1,400 pupils were found to be verminous during the year.

Medical treatment, mainly for minor defects and diseases of the skin, eye and ear, nose and throat, was given to over 10,000 pupils, and dental treatment, including over 5,000 fillings and 8,500 extractions, with administration of nearly 3,500 general anaesthetics, was given to over 5,000 pupils at the school clinics.

Further details of the work of the service are given under the various headings below.

The number of pupils on the registers of the schools maintained by the Authority increased during the year by 996 to a total of 27,104 at the end of the year, and several new schools were opened during the year in the north and east of the city to serve the new housing estates in these areas.

The administrative work and the work of the Central clinics were continued with considerable difficulty during the second half of the year whilst the premises were undergoing war-damage repairs.

Staff.

Two of the three whole-time Assistant School Medical Officers resigned their appointments during the year, Dr. Sutherland leaving in April to enter general practice, and Dr. Philps in August to specialise in pathology, and repeated advertisements produced no suitable applicants for the vacancies. Fortunately, the part-time services were obtained of three lady doctors in the city, Dr. Hargreaves, Dr. Lishman and Dr. Goodbody, for a total of 11 sessions a week, equivalent to one whole-time medical officer. The number of medical officers' sessions at the clinics was reduced in April, and from September Dr. Matheson, Senior Medical Officer for Mental Health, gave two sessions a week to general duties in the School Health Service instead of to examinations of educationally subnormal children. By these means the service was able to be continued with a medical staff equivalent to three and a half whole-time medical officers out of a normal establishment of four and a half, although various examinations were becoming increasingly delayed by the end of the year.

Two of the four whole-time dental officers resigned in July, Mr. Maughan, the Senior Dental Officer, on obtaining an appointment with the Regional Hospital Board, and Mr. Gray to enter general dental practice. One of the vacancies was filled in December by the appointment of Miss M. Rees, L.D.S., as Assistant Dental Officer, and arrangements were made in November for three part-time specialist anaesthetists, Dr. Croot, Dr. Thomas and Dr. Angel, to give a total of five sessions a week at the dental clinics to free dental officers, who previously had given all the dental anaesthetics, for other dental work on these five sessions. With the part-time Assistant Dental Officer, Mrs. M. Owen, L.D.S., the School Dental Service had the equivalent of almost four whole-time Dental

Officers at the end of the year out of an establishment of five dental officers.

The Speech Therapist, Miss M. McCombie, resigned in March, and Miss J. Busby, L.C.S.T., was appointed in September to replace her, but resigned in December.

There were no changes in the remainder of the staff, but Mr. J. McNally, M.A., D.P.A., Ed.B., was appointed as Educational Psychologist, and commenced duty in June, completing the clinical team of the Child Guidance Clinic.

Medical Inspection. Every school maintained by the Authority was visited during the year for the periodic medical inspections of the various age groups.

The conditions under which the inspections were carried out at the schools varied considerably. In the new schools special medical rooms with waiting rooms and amenities such as wash-basins and lavatory accommodation are provided, and the conditions are excellent. In the old schools the only accommodation usually available is the head teacher's room or teachers' staff room, and in some schools a class-room or a dining-hall, with no accommodation for the parents except in the same room or the passage outside.

Thanks are due to the head teachers and their staffs for their continued help and co-operation with the school health service staff.

The number of pupils who received a periodic medical inspection at school during 1950 was 9,784, made up as follows :—

TABLE 1A—NUMBER OF PERIODIC MEDICAL INSPECTIONS

Entrants to Primary Schools	4,197
Leavers at Primary Schools	1,136
Leavers at Secondary Schools	1,984
Total	7,317
Other Periodic Inspections :—	
7-8 Age Group	2,158
Pupils Special Schools, etc.	309
	2,467
Grand Total	9,784

In addition to the periodic medical inspections at schools, 16,495 special medical inspections and re-inspections were made during the year. 6,538 of these were made at the schools and 9,957 at the clinics. They include the usual cases attending the clinics for advice and treatment or ascertainment as handicapped pupils, and inspections such as for fitness to attend camp, swimming, employment outside school hours, entertainment licences, etc.

TABLE 1B.—OTHER INSPECTIONS

No. of Special Inspections at Schools and Clinics	...	9,673
No. of Re-inspections at Schools and Clinics	...	6,822
Total	...	16,495

RESULTS OF PERIODIC MEDICAL INSPECTION

Of the 9,784 pupils examined at the periodic medical inspections at schools during 1950, 2,575, or 26.3 per cent, were found to require treatment.

The numbers in the various groups are as follows :—

TABLE 1C.—NUMBER OF PUPILS FOUND AT PERIODIC MEDICAL INSPECTIONS TO REQUIRE TREATMENT

	<i>For defective vision (excluding Squint).</i>	<i>For any of the other conditions recorded in Table 2a.</i>	<i>Total individual pupils.</i>	<i>Percentage found to require treatment.</i>
Entrants to Primary Schools	79	1,165	1,220	29.1
Leavers at Primary Schools	41	213	245	21.6
Leavers at Secondary Schools	135	426	523	26.4
TOTAL	255	1,804	1,988	27.2
Other Periodic Inspections :				
7-8 Age Group	70	490	537	24.9
Pupils at Special Schools	9	43	50	16.2
GRAND TOTAL	334	2,337	2,575	26.3

The number of *defects* found by medical inspection requiring treatment, or requiring to be kept under observation but not requiring treatment, is given in Table 2A.

TABLE IIa.—NO. OF DEFECTS FOUND BY MEDICAL INSPECTION

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS												SPECIAL INSPECTIONS	
		No. of Defects												No. of Defects	
		Entrants to Primary Schools		Leavers at Primary Schools		Leavers at Secondary Schools		7-8 Group Age		Pupils at Special Schools		TOTALS			
		T.	O.	T.	O.	T.	O.	T.	O.	T.	O.	T.	O.	T.	O.
4	Skin	99	26	26	2	53	5	45	10	6	3	229	46	566	17
5	Eyes—														
	(a) Vision	79	184	41	105	135	187	70	126	9	46	334	648	671	110
	(b) Squint	86	61	8	6	11	10	37	41	2	3	144	121	109	12
	(c) Other	29	19	10	1	24	2	28	10	5	3	96	35	292	8
6	Ears—														
	(a) Hearing	15	32	2	11	8	20	5	13	—	26	30	102	27	15
	(b) Otitis Media	36	77	10	11	14	19	12	26	2	6	74	139	156	23
	(c) Other	28	16	6	—	7	1	15	10	4	5	60	32	193	14
7	Nose or Throat	506	481	56	82	41	62	189	175	11	22	803	822	332	59
8	Speech	20	44	2	2	5	2	6	20	2	10	35	78	46	7
9	Cervical Glands	17	200	5	38	4	14	8	92	—	5	34	349	22	15
10	Heart and Circulation	8	56	6	29	56	59	6	38	1	7	77	189	9	22
11	Lungs	72	152	8	25	41	41	29	40	1	6	151	264	70	26
12	Developmental—														
	(a) Hernia	8	13	1	2	1	1	1	1	—	1	11	18	3	—
	(b) Other	8	70	1	8	1	6	4	21	—	5	14	110	8	6
13	Orthopaedic—														
	(a) Posture	42	55	28	12	76	34	43	46	5	16	194	163	24	1
	(b) Flat foot	54	26	18	8	53	24	24	17	—	4	149	79	12	2
	(c) Other	170	145	31	15	90	39	36	49	6	6	333	254	112	12
14	Nervous System—														
	(a) Epilepsy	5	1	—	3	2	4	2	4	1	3	10	15	10	4
	(b) Other	6	13	2	1	1	4	3	9	—	1	12	28	16	9
15	Psychological—														
	(a) Development	13	23	2	2	—	3	9	15	—	287	24	330	10	—
	(b) Stability	17	87	10	17	5	12	14	41	1	9	47	166	37	15
16	Other	196	78	33	26	76	36	80	57	3	5	388	202	1218	165
	TOTALS	1514	1859	306	406	704	585	666	861	59	479	3249	4190	2943	542
	Total defects per 1,000 pupils inspected	361	443	269	357	355	295	309	399	191	1550	332	428	304	55

* T=Requiring treatment.

O=Requiring to be kept under observation but not requiring treatment.

Table 2A shows that 332 defects requiring treatment with 428 other defects requiring to be kept under observation but not requiring treatment were found per 1,000 of all pupils inspected at the periodic medical inspections at schools. This compares with 304 defects requiring treatment and 55 requiring observation only per 1,000 pupils inspected at the special medical inspections.

This table also shows that Entrants to Primary Schools had the largest number of defects requiring treatment per 1,000 pupils inspected and that approximately a third of these were defects of the nose and throat, which were mainly enlarged tonsils and adenoids.

Leavers at Secondary Schools had the next largest number of defects requiring treatment, and nearly a third of these were orthopaedic defects such as poor general posture, flat feet, valgus ankles and hallux valgus, and approximately another quarter were defects of the eyes, mainly defective vision. More of these defects were found during 1950 among the Leavers at Secondary Schools than among the Leavers at Primary Schools, and develop whilst the pupils are at the Secondary Schools. In this connection an application was made in 1948 to the Ministry of Education for permission to make a periodic inspection of all pupils shortly after entry to a Secondary School, but the application was not granted. An inspection appears to be necessary, however, between entry to a Secondary School and leaving it, which may be at 15, 16, 17 or 18 years of age, and particularly for pupils at Secondary Grammar Schools. Pupils are not inspected at these schools until their last year there unless they have been found before leaving a Primary School to have defects requiring treatment or observation, or unless they are referred for a special inspection by their teacher or parent.

TABLE 2B—CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED IN THE AGE GROUPS

Age Groups	Number of pupils inspected	A (Good)		B (Fair)		C (Poor)	
		No.	%	No.	%	No.	%
Entrants to Primary Schools	4,197	952	22.7	2,986	71.1	259	6.2
Leavers at Primary Schools	1,136	279	24.6	801	70.5	56	4.9
Leavers at Secondary Schools	1,984	684	34.5	1,228	61.9	72	3.6
Other periodic inspections :							
7-8 Age Group	2,158	674	31.2	1,406	65.2	78	3.6
Pupils at Special Schools	309	54	17.5	226	73.1	29	9.4
TOTALS	9,784	2,643	27.0	6,647	67.9	494	5.1

It will be seen from Table 2B that 27 per cent of all pupils inspected at the periodic medical inspections at schools during 1950 were found to be in good general condition, 67.9 per cent in fair condition, and 5.1 per cent in poor condition. This compares with 25.2 per cent good, 68.2 per cent fair and 6.6 per cent poor in 1949 and 30.1 per cent good, 66.2 per cent fair and 3.7 per cent poor in 1948, and indicates that there has been no deterioration in the general condition of the pupils as seemed possible in 1949.

**Ascertainment
of Handicapped
Pupils.**

The number of special examinations in connection with the ascertainment of handicapped pupils is included in the total of 16,495 special inspections and re-inspections in Table 1B.

Two hundred and three pupils were newly ascertained during the year as handicapped pupils, 129 of whom were found to require education in special schools and 74 special educational treatment in ordinary schools, as follows :—

					<i>Requiring education in special schools.</i>	<i>Requiring special educational treatment in ordinary schools.</i>
1. Blind ... ..	...	...	...	...	—	—
2. Partially sighted ... ..	...	...	...	...	2	—
3. Deaf ... ..	...	...	...	...	2	—
4. Partially deaf ... ..	...	...	...	...	1	8
5. Delicate ... ..	...	...	...	...	29	—
6. Physically handicapped ... ..	...	...	...	...	13	—
7. Educationally subnormal ... ..	...	...	...	...	82	51
8. Maladjusted ... ..	...	...	...	...	—	15
9. Epileptic ... ..	...	...	...	...	—	—
					—	—
					129	74
					==	==

In addition, 42 pupils were found to be ineducable, 18 to require supervision by the Mental Health Department after leaving school and 14 to be probably ineducable. The latter were excluded from school until re-examination in twelve months' time.

All pupils ascertained previously as handicapped pupils were re-examined during the year and included all receiving special educational treatment in ordinary schools or special schools or tuition at home.

Cleanliness
Inspections and
Other Work of
the School
Nurses.

The arrangement for the examination and cleans-
ing of infested pupils remained unaltered and
have been described in previous reports. The
figures for 1950 are given in Table 3 below.

TABLE 3.—INFESTATION WITH VERMIN

(1)	Total number of examinations in the schools by the School Nurses	145,503
(2)	Total number of <i>individual</i> pupils found to be infested ...	1,375
(3)	Number of individual pupils in respect of whom cleansing notices were issued under Section 54 (2), Education Act, 1944	4
(4)	Number of individual pupils in respect of whom cleansing orders were issued under Section 54 (3), Education Act, 1944	Nil

The percentage of pupils on the registers found to be infested was 5.1% in 1950, compared with 7.5% in 1949 and 8.8% in 1948.

The following are figures of other work of the nurses during 1950 :—

(a)	No. of vision tests made at schools	22,535
(b)	No. of pupils referred from vision tests to the Medical Officers	621
(c)	No. of pupils examined for infectious disease	964
(d)	No. of follow-up visits to pupils' homes for uncleanliness, neglect, defects, etc.	2,168

Further information on the work of the school nurses is given below in the section dealing with the school camp.

Medical Treatment.

The general arrangements for the provision of medical treatment remained unaltered in 1950. The numbers of the various types of cases treated or under treatment during the year by the staff of the School Health Department, and also the numbers known to have been treated otherwise, such as at the special clinics for school children at the hospitals, are given in Table 4.

TABLE 4.—TREATMENT OF PUPILS.

GROUP 1.—DISEASES OF THE SKIN (excluding uncleanliness, for which see Table 3).

					<i>No. of cases treated or under treatment during the year.</i>	
					<i>By the Authority.</i>	<i>Otherwise.</i>
Ringworm—(i)	Scalp	...	...	...	23	12
	(ii) Body	...	...	...	157	—
Scabies	...	...	...	...	57	—
Impetigo	...	...	...	...	294	—
Other skin diseases	...	...	...	...	334	150
Total					865	162

GROUP 2.—EYE DISEASES, DEFECTIVE VISION AND SQUINT.

					<i>Number of cases dealt with.</i>	
					<i>By the Authority.</i>	<i>Otherwise.</i>
External and other, excluding errors of refraction and squint					349	65
Errors of refraction including squint ...					—	1035
Total					349	1100
No. of pupils for whom spectacles were :						
(a)	Prescribed	...	...	...	—	610
(b)	Obtained	...	...	...	—	543

GROUP 3.—DISEASES AND DEFECTS OF THE EAR, NOSE AND THROAT.

Number of cases treated.
By the Authority. Otherwise.

Received operative treatment:						
(a)	for diseases of the ear	...	...		—	—
(b)	for adenoids and chronic tonsillitis				—	129
(c)	for other nose and throat conditions				—	—
Received other forms of treatment					410	—
					—	—
Total					410	129
					==	==

GROUP 4.—ORTHOPAEDIC AND POSTURAL DEFECTS.

(a)	No. treated as in-patients in hospitals		—	65
<i>By the Authority. Otherwise.</i>				
(b)	No. treated otherwise, e.g. in clinics or out-patient departments	...	...	— 666

GROUP 5.—CHILD GUIDANCE TREATMENT.

Number of Cases treated.
By the Authority. Otherwise.

Number of pupils treated at Child Guidance Clinics					76	—
--	--	--	--	--	----	---

GROUP 6.—SPEECH THERAPY.

Number of cases treated.
By the Authority. Otherwise.

Number of pupils treated by Speech Therapists					80	—
---	--	--	--	--	----	---

GROUP 7.—OTHER TREATMENTS GIVEN.

Number of cases treated.
By the Authority. Otherwise.

(a)	Miscellaneous minor ailments	...	8570	—
(b)	Ultra Violet Light	... ..	492	—
				—
Total				9062
				==

Child Guidance Clinic. The following report on the work of the Child Guidance Clinic in 1950 has been supplied by Dr. J. M. Gilroy, Consultant Psychiatrist, who is the part-time Clinical Director of the Clinic.

On Treatment Waiting List at 31st December, 1949	...	...	79
On Diagnostic Waiting List at 31st December, 1949	...	...	26
(a) New referrals during year	...	...	123
(b) Cases given full clinical investigation during year	...	...	84
(c) On Diagnostic Waiting List at 31st December, 1950	...	...	37
(d) Children who have had intensive treatment	...	...	43
(e) Cases closed	...	...	18
(f) Social Supervision	...	...	36
(g) On Treatment Waiting List at 31st December, 1950	...	...	74
(h) No. of visits by P.S.W.	...	...	587
(i) No. of Clinic Interviews by Psychologist	...	...	241

During the year under review the practice was begun of submitting a quarterly report on the affairs of the Child Guidance Clinic, and this report is, therefore, to a certain extent, a precis of the quarterly reports for 1950.

In the early months of the year the number of medical sessions had to be reduced to one per week, but in May they were increased to four, and during the last quarter to six per week. With the increase of therapeutic sessions there were more children attending for treatment during the last quarter than during the whole of the first three quarters. Notwithstanding this fact, the number still awaiting treatment remains appreciably unaltered, because we have been steadily adding to it from the diagnostic waiting-list. During the last quarter 32 new cases were given full clinical investigation as compared with 52 for the first nine months of 1950; the referral rate was also greatly increased, the number of new cases almost equalling the total number referred during the first three quarters. With 37 cases on the diagnostic waiting-list and three new cases being seen each week, the delay before a new patient can now be seen exceeds twelve weeks, without allowing for delay due to holidays.

The increased referral rate can be attributed to our increasing contact with (1) the schools through Mr. McNally, Educational Psychologist, and (2) with the general practitioners. The only pre-school children we see are those referred by the latter. The average age of the children being referred still remains relatively high. The

decreased number of visits by the P.S.W. is due to the increase of sessions requiring his presence at the clinic.

A varied range of intelligence, personality and attainment testing material is in use at the clinic. The Tests given vary in time of individual administration from a few minutes to one and a half hours. During the period under review 653 such tests were administered individually to 140 children. As shown in the Table below, children are of varied intelligence, those of average intelligence forming the largest group. This should help to establish the truth, not always appreciated, that the Child Guidance Clinic does *not* cater for the mentally deficient or feeble-minded. While advice may be given on occasions on problems of mental deficiency or feeble-mindedness, it has to be re-emphasised that the Child Guidance Clinic exists to cater for those children who are mal-adjusted emotionally, who show difficulties in development or behaviour, or who present educational difficulties, e.g. in scholastic backwardness, which cannot be explained merely in terms of defective intelligence.

CLASSIFICATION BY SEX AND INTELLIGENCE.

		<i>I.Q. Range.</i>	<i>Boys.</i>	<i>Girls.</i>	<i>Total.</i>
Feeble-minded ...	...	Below 70	4	3	7
Very dull or dull ...	...	70- 90	24	5	29
Average ...	...	90-110	42	20	62
Superior ...	...	110-130	28	7	35
Very superior ...	...	Over 130	7	—	7
			—	—	—
	Total	...	105	35	140
			==	==	==

The ratio 3 boys to 1 girl is extremely high. It is usual in Child Guidance work for boys to outnumber girls, not so much because boys are more unstable emotionally, but more because boys' difficulties are usually of the aggressive, anti-social type which are much more easily observed by parents and teachers ; girls tend to show their problems by such symptoms as undue anxiety, timidity, etc., symptoms less obvious in type but often just as serious.

Staff. From 8.5.50 Dr. Lumsden Walker, Registrar at Moorhaven Hospital, contributed two sessions weekly, mainly devoted to treatment.

With the appointment as Educational Psychologist of Mr. J. McNally, who took up duty on 1.6.50, a long-felt gap in our clinical team was filled.

Mrs. Morrison, in her capacity as Secretary to the Child Guidance Clinic, began towards the end of September working on the clinic premises, a move which has made to greater efficiency.

Since 12.10.50 and 8.12.50 respectively Dr. R. Blair and Dr. A. N. Graham have been providing a therapeutic session each at the clinic weekly.

Visitors. During the year we had visits from student teachers from Exmouth Teachers' Training College and from teachers and other students interested in psychology and the work of the Child Guidance Clinic. We also had a visit from a lady from the Gold Coast who was doing a social survey for her government.

Clinical Conference. A Clinical Conference was held each Wednesday at 4.15 p.m., when all new cases of the week were discussed by the clinic team on completion of investigation. School Medical Officers, teachers or general practitioners are welcomed at our clinical conferences when the children in whom they are interested or whom they have referred are under discussion.

Accommodation. With the expansion of the work of the clinic during the latter half of the year steps were taken to make available for regular use increased accommodation at the clinic, which, it is hoped, will soon be ready.

Recognition of Clinic by R.M.P.A. Medical practitioners who are candidates for the postgraduate Diploma in Psychological Medicine are required to have some experience and training in child psychiatry. The Plymouth Child Guidance Clinic has been recognised by the Royal Medico-Psychological Association as fulfilling the requirements for their D.P.M. examination.

Future Prospects. When 1950 is compared with 1949 it can, I think, be established that substantial advance has been made towards the provision of a Child Guidance Clinic service, but much yet remains to be done. At present we have the equivalent approximately of a half-time Child Guidance Clinic, but Plymouth City alone requires a whole-time Clinic and, if the needs of the Plymouth Clinical Area are considered (i.e. the adjacent parts of Devon and

Cornwall as well as the City), the minimum adequate service could only be provided by one and a half clinics. Child Guidance work is time-consuming, and since at present the minimum rather than the desirable time is spent on each case, the existing clinic staff cannot accept further commitments without serious impairment in the quality and efficiency of their work. The question of increase of staff will have to be faced, otherwise waiting-lists will remain extremely embarrassing. A year ago I drew attention to the need for a second Psychiatric Social Worker. The need is now much more urgent for two reasons: (1) because of his case load the present Psychiatric Social Worker, Mr. Harris, has practically no time for home visits (a very important aspect of his work), particularly since he has not yet been granted a car allowance for work in the City of Plymouth, where the overwhelming majority of our patients live, and (2) certain aspects of the work of the Educational Psychologist, for which he requires the co-operation of a Psychiatric Social Worker, are impeded and cannot be commenced till this skilled help is provided. As soon as another Psychiatric Social Worker is available a request for further medical sessions would be entirely justifiable and the Local Authority should, therefore, consider approaching the Regional Hospital Board about providing such medical sessions when the appointment of a second Psychiatric Social Worker has been made.

Conclusion. I wish to take this opportunity of recording my appreciation of the loyalty and support of my colleagues in the Child Guidance Clinic team, all of whom have already been mentioned above by name.

**Dental
Inspection and
Treatment.**

The number of dental officers employed during the year varied from the equivalent of approximately three and a half whole-time officers at the beginning of the year to two and a half from August to November inclusive, rising to almost four at the end of the year, with an average of just over three for the whole year.

All the five dental clinics were kept open throughout the year, although it was possible to maintain only a part-time service at each, varying from four to seven sessions a week according to the staff available.

A special effort was made to continue the periodic dental inspections and 12,354 pupils were inspected at the schools during the year. As the staff was smaller, this resulted in less children being treated at the clinics, but all children requiring extractions were given treatment. Conservative treatment was given to those considered most likely to continue treatment during school age and after leaving school, and in other cases parents were advised to obtain treatment from private dental surgeons accepting patients under the National Health Service Scheme. Orthodontic treatment virtually had to be discontinued.

TABLE 5.—DENTAL INSPECTION AND TREATMENT.

(1) No. of pupils inspected by the Authority's Dental Officers :							
(a) Periodic age groups	...	...	...	...	...	...	12,354
(b) Specials	...	...	...	...	...	...	1,877
Total (1)							14,231
							<hr/>
(2) Number found to require treatment	...	...	...	...	...	...	8,756
(3) Number referred for treatment	...	...	...	...	...	...	7,294
(4) Number actually treated	...	...	...	...	...	...	5,407
(5) Attendance made by pupils for treatment	...	...	...	...	...	...	8,692
							<hr/>
(6) Half-days devoted to : Inspection	...	...	...	...	...	...	107
Treatment	...	...	...	...	...	...	1,447
Total (6)							1,554
							<hr/>
(7) Fillings : Permanent teeth	...	...	...	...	...	...	4,520
Temporary teeth	...	...	...	...	...	...	873
Total (7)							5,393
							<hr/>
(8) No. of teeth filled : Permanent teeth	...	...	...	...	...	...	4,428
Temporary teeth	...	...	...	...	...	...	873
Total (8)							5,301
							<hr/>
(9) Extractions : Permanent teeth	...	...	...	...	...	...	1,162
Temporary teeth	...	...	...	...	...	...	7,357
Total (9)							8,519
							<hr/>
(10) Administration of general anaesthetics for extraction	...	...	...	...	...	...	3,479
							<hr/>
(11) Other operations : Permanent teeth	...	...	...	...	...	...	1,070
Temporary teeth	...	...	...	...	...	...	307
Total (11)							1,377
							<hr/>

Mass Radiography.

Mass Radiography. During 1950 the South Western Regional Hospital Board established a Mass Radiography Unit with its headquarters in the City at the Military Families' Hospital, Devonport, which carried out a survey of pupils who were in their last year at a Secondary School between the 27th November, 1950, and the 12th January, 1951.

The following information about the survey has been supplied by Dr. G. Sheers, the Medical Director of the Unit :—

Number of pupils examined :	Boys	762			
	Girls	577			
	—		Total	1,339	
				<hr/>	
Number recalled for large films :	Boys	22			
	Girls	26			
	—		Total	48	3.6%
				<hr/>	
No. recalled for clinical examination :	Boys	6			
	Girls	6			
	—		Total	12	.89%

Incidence of Disease.

A. PULMONARY TUBERCULOSIS.

1. Newly discovered significant cases	(a) Treatment cases	...	5
	(b) Observation cases	...	4
			—
	Total	... ..	9
			—

(equals 6.7 per thousand).

B. OTHER CONDITIONS.

1.	Aspiration pneumonia	...	...	...	...	...	...	1
2.	Bronchitis	...	...	...	...	...	...	1
3.	Pleural thickening	...	...	...	...	...	...	3

Infectious Diseases and Diphtheria Immunisation.

There was no serious outbreak of infectious disease at any school during the year but chicken-pox was prevalent in the Primary Schools generally during the first three months of the year, reaching a peak in the last week of March, when nearly 500 children were absent from school on account of this and colds also were very prevalent generally in the

first three months of the year, when about 1,600 children were absent from school during several weeks of the period.

The decline during recent years in the number of cases of diphtheria notified in school children continued, and only 10 cases were notified during 1950.

Diphtheria immunisation of school children was continued at the schools and school clinics until November, when it was discontinued temporarily until the end of the year on account of a local prevalence of poliomyelitis during November and December. During the year 3,956 injections were given. 724 pupils were completely immunised and 2,079 pupils who had been immunised previously were given reinforcing doses.

Scarlet Fever was rather more prevalent than in recent years, and 291 cases in school children were notified during the year.

The decrease in the number of cases of scabies treated at the school clinics continued, and only 57 cases were treated during 1950.

There was a small outbreak of poliomyelitis in the City in the last three months of the year, and 16 cases were notified in school children during the year compared with 13 in 1949.

School Camp. The school camp at Maker Heights, Cawsand, Cornwall, was in use during 1950 under arrangements similar to those made in the previous two years.

The medical arrangements included the medical inspection of pupils on the day before departure for camp, the exclusion of pupils with enuresis, the preparation and supervision of the beds and bedding by the school nursing staff under the direction of the Senior School Nurse, the provision of a Minor Ailment Treatment Clinic and a Sick Bay in the camp, with one of the school nurses in residence for the whole period the camp was open, arrangements with the local doctors to attend when required and general supervision of the hygienic condition of the camp by the nursing staff and Senior Medical Officer.

For the eleven weeks from May 5th to July 20th a total of 2,410 pupils and 128 teachers from Plymouth Secondary Schools was in residence at the camp in school parties, which stayed there for a week, and from July 21st to September 7th parties from other

Education Authorities, including West Ham and East Ham and from outside organisations, totalling 933 children and 95 leaders, occupied the camp.

At the Camp Minor Ailment Clinic a total of 2,405 children was treated by the nurses during 1950. The local doctors were called to see 68 children, including 24 accident cases, 9 of which were sent to hospital, 1 case of acute appendicitis sent to hospital, 10 cases of tonsillitis, 6 of which were sent home by ambulance, and a number of cases of pyrexia, diarrhoea and vomiting, conjunctivitis, etc.

Thanks are due to Dr. Lewis and Dr. Dexter, the local doctors who responded promptly to calls for medical attention, to the Camp Cook Supervisor and his staff for their co-operation and for special diets where necessary, to the Head Teachers and their staffs for their valuable help and co-operation in the medical arrangements, and, not least, to the school nurses, who put in many hours of duty outside normal working hours.

All who stayed at the camp appeared to have enjoyed it and benefited from it.

Special Schools and Boarding Homes. There were no changes in the medical and nursing arrangements at the Day Special Schools for Delicate, Deaf and Educationally Subnormal Pupils, the Boarding Home for Educationally Subnormal Boys, or the Children's Homes.

Food Handlers Meals. Milk. The annual medical inspection of all staff of the School Meals Service who are employed in the preparation, cooking, transport and serving of school meals was continued during 1950. Widal Tests were made of those who had not been tested previously, and X-rays of chests where clinically considered advisable. 216 of the staff were medically inspected during the year. All the staff were advised to submit to an annual examination by the Mass Radiography Unit.

No cases of illness among the pupils, which, on investigation, could be attributed to the school meals, were reported during the year.

The number of pupils taking meals and milk in school on a day in October, 1950, when a return was made by the Authority to the Ministry of Education are given below, with comparable figures for the previous two years.

		<i>Pupils present in school.</i>	<i>Pupils taking dinner.</i>	<i>Percentage taking dinner.</i>	<i>Pupils taking milk.</i>	<i>Percentage taking milk.</i>
October, 1950	...	24,913	8,886	35.7%	21,856	86.1%
October, 1949	...	24,335	8,027	33.0%	21,701	89.2%
October, 1948	...	23,841	6,865	29.2%	21,275	90.6%

In December, 1950, 9,313 pupils were taking dinners at school daily.

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